



Arkansas
SINGLE PARENT SCHOLARSHIP FUND

FISCAL SPONSOR AFFILIATE ACCOUNT
PAYMENT/REIMBURSEMENT REQUEST

AFFILIATE NAME _____

REQUEST DATE: _____ PREPARER: _____

Vendor	Expense	Amount
		\$

MEMO (Purpose of expense): _____

Made checks payable to:

Name: _____

Address: _____

Affiliate Approval

- Rejected
- Approved

Comments:

ASPSF Approval

- Rejected
- Approved

Comments:

Treasurer/Chairperson Date

Executive Assistant Date

**** Copy of invoice or receipt must be attached.**

MAIL, FAX, OR EMAIL TO:
Pat Schram, ASPSF Executive Assistant
614 E. Emma Ave., Suite 119
Springdale, Arkansas 72764
(479)927-1402 fax(479)927-0755
pschram@aspsf.org