

# SCAP Reimbursement Request Form

\*Chapter name \_\_\_\_\_

\*Submitted by \_\_\_\_\_

\*Phone # \_\_\_\_\_

	*Description	*Amount
#1	_____	_____
#2	_____	_____
#3	_____	_____
#4	_____	_____
#5	_____	_____
#6	_____	_____
#7	_____	_____
#8	_____	_____

**TOTAL** \$ \_\_\_\_\_

**Deadline December 1, 2009.** Attach receipts to this form and mail to:  
Illinois Credit Union System, Attn: William Wille, PO Box 3107, Naperville,  
IL 60566-7107. Completed form and receipts can also be faxed to Will at  
630/983-4261.

\*Required Information