



# SCHOOL NUTRITION ASSOCIATION OF PENNSYLVANIA

P.O. Box 6851  
Harrisburg, PA 17112-0851

Phone: (800) 929-7737

[www.psfsa.org](http://www.psfsa.org)

Fax: (717) 526-8459

## SNAPa Request for Speaker Reimbursement

Note: Chapters must pay speakers and then request reimbursement from SNAPa. The maximum amount that SNAPa will reimburse for a speaker is \$60.00.

Name of person submitting request \_\_\_\_\_

Phone # of person submitting request \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Chapter number \_\_\_\_\_ Meeting date \_\_\_\_\_

Check should be made payable to (Chapter name and/or number)

\_\_\_\_\_

Name of Speaker \_\_\_\_\_

Speaker's phone # \_\_\_\_\_

Please attach a copy of the **approved** Continuing Credit Request form for this activity and the attendance roster.

Please attach proof of payment. (Copy of check, receipt from speaker, etc.)

Send to:  
SNAPa/PSFSA Processor  
P.O. Box 6851  
Harrisburg, PA 17112-0851