



WISCONSIN ASSOCIATION OF PUBLIC PURCHASERS

Affiliated with [NIGP](#) - National Institute of Governmental Purchasing, Inc.

REWARD\$ REDEMPTION REQUEST FORM

NAME:	
AGENCY:	
ADDRESS:	
TELEPHONE:	
EMAIL:	

I wish to use my Columbia Chapter Rewards to attend the following Columbia Chapter/NIGP function:

WAPP

NIGP

DATE:	
NAME OF EVENT:	
LOCATION:	
COST:	
AMOUNT REQUESTED:	
CHECK TO:	
MAILED TO:	

Submit completed form to the WAPP Vice President

I agree to abide by the policies and procedures of the WAPP Rewards program. I will provide a copy of the class certificate, receipt or attendance form as proof of my attendance or I will reimburse WAPP for the Rewards money I have received. If, for any reason, I must cancel my attendance prior to the event I have received funds for, I will return the reimbursement back to the Vice President . I may reuse my rewards for another event, as long as it falls within the approved schedule in the Rewards guidelines, and will submit a separate form for that function/event.

SIGNATURE:	
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APPROVAL WAPP OFFICER SIGNATURE		DATE:		AMOUNT:	
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