

**North Carolina Cooperative Extension Administrative  
Professional Association Expense Form**

**Date:** \_\_\_\_\_

**Purpose** (please circle one):

Herter O'Neal Scholarship

Professional Improvement Scholarship

Federation Dues

Host District Professional Improvement

Executive Award

Distinguished Service Award

**Other:** \_\_\_\_\_

**Amount requested:** \_\_\_\_\_

**Payable to:** \_\_\_\_\_

**Mail Check to:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_

**Additional Details (if required):**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
NCCEAPA Treasurer

\_\_\_\_\_  
NCCEAPA President