ENAGIC 8 PROSPERITY ASSOCIATION®
TRAVEL REIMBURSEMENT FORM

E8PA Member Information			
Full Name		**Rank**	
ID Number		**Membership Type**	

1. I am requesting to use my available E-Points to reimburse travel expenses for participating in Enagic hosted events. I have attached official receipts and required documents. I understand that reimbursement must be requested **after and within 60 days** of the date of the event.
2. I understand that requested reimbursement amount which exceeds available E-point balance will not be accommodated. Only equivalent amount to available E-point balance shall be reimbursed. Some expenses may be denied as being outside of the latest E8PA reimbursement scope.
3. I acknowledge that **I must pay all fees upfront**. Reimbursement is subject to final approval by the E8PA office.
4. I understand that E-Points cannot be combined with those of other individuals. Each application must be submitted by one person only.
5. I understand the minimum reimbursement amount is equivalent to **50 USD or 50,000 E-Points**.

Name of the Event	Event date	Event Location

Receipt	Date	Expense Description	Amount
1			
2			
3			
4			
5			
6			
7			
8			
Currency		**Total Amount**	
Comments:			

Please send the completed application form along with the required documents to the branch office via email.

Signature: _____ **Application Date:** _____