



ENAGIC 8 PROSPERITY ASSOCIATION®

TRAVEL REIMBURSEMENT FORM

FULL NAME		RANK	
DISTRIBUTOR ID		CARD TYPE	

- I request to use my accumulated E-points in order to reimburse travel expenses for participating in Enagic hosted events with official receipts attached or hosting events related to Enagic business with receipts, pictures and attendee list attached.
(Without attached evidence reimbursement will not be processed.)
- 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.
- I acknowledge that I'm financially responsible for paying all expenses beforehand and may only be reimbursed after the final decision made by E8PA office that reserves all rights to update and/or amend the contents of this document at any time.

* Please submit reimbursement request no later than 3 months from the day of the receipt issue date.

** Minimum reimbursement amount is equivalent to 50USD, amounts below 50USD will not be taken into consideration.

Receipt	Date	Expense Description	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Currency			Total Amount

Comments:

Distributor's Name: _____

Signature: _____

Application Date: _____