

# SCAA Reimbursement Request Form

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

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

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## Expenditure Report

	Type of expenditure *	Purpose of expenditure **	Amount
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
			<b>TOTAL \$</b> _____

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Signature: \_\_\_\_\_

Approved by: \_\_\_\_\_

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

Check #: \_\_\_\_\_

2nd approval: \_\_\_\_\_

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

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### Examples:

#### \* Type of expenditure

Copies; stamps; food for Assembly – attach invoice or receipt

Mileage – attach mileage reimbursement request form

Telephone – attach bill and indicate person called and subject

#### \*\* Purpose of expenditure

Secretary's expense – minutes; PI Committee – books for Public Libraries; Finance Committee – of month meeting rent, etc.