

SMMCTA REIMBURSEMENT REQUEST

DATE SUBMITTED: _____ AMOUNT: _____

PAYEE: _____

DESCRIPTION: _____

ADDRESS: _____

REIMBURSEMENT PROCEDURES - 9/1/10

1. PROVIDE AN ITEMIZED LIST OF CHARGES WITH DESCRIPTION AND TOTAL EXPENSES.
2. ATTACH ORIGINAL RECEIPTS.
3. ALL REIMBURSEMENTS NEED TO BE APPROVED BY PRESIDENT, OR DESIGNEE, AND TREASURER.
4. PAYMENT OF EXPENSES WILL BE MADE WITHIN 15 BUSINESS DAYS OF SUBMISSION.
5. EXPENSES MUST BE SUBMITTED WITHIN 6 MONTHS TO BE ELIGIBLE FOR REIMBURSEMENT.

TO BE COMPLETED BY THE SMMCTA TREASURER:

PAYMENT: ACCOUNT #: _____ CHECK #: _____

AMOUNT PAID: _____ DATE: _____

AUTHORIZED BY: _____ AUTHORIZED BY: _____