

SCAVMA: REQUEST FOR PAYMENT OR REIMBURSEMENT

NAME	
ADDRESS	
ZIP CODE	
TELEPHONE	

DATE	
-------------	--

<p>When did SCAMA board approve?</p> <p>In 2006/07 budget ____ or other ____</p>

ATTACH ORIGINAL ITEMIZED RECEIPTS

*if payment by personal check- copy of cancelled check must be included

*if you do not have receipt(s), on the back of this sheet document what was purchased, date, store name, amount, and reason for no receipt(s)

EXPLANATION OF EXPENDITURES: (include reason for expenses, event, what was purchased, etc.)

FOR TREASURER USE ONLY	DATE PAID:
CATEGORY:	
CLASS:	

TOTAL TO BE REIMBURSED _____

Signature of Requestor: _____

Approval by: _____
(board member other than treasurer)

SCAVMA: REQUEST FOR PAYMENT OR REIMBURSEMENT

NAME	
ADDRESS	
ZIP CODE	
TELEPHONE	

DATE	
-------------	--

<p>When did SCAMA board approve?</p> <p>In 2006/07 budget ____ or other ____</p>

ATTACH ORIGINAL ITEMIZED RECEIPTS

*if payment by personal check- copy of cancelled check must be included

*if you do not have receipt(s), on the back of this sheet document what was purchased, date, store name, amount, and reason for no receipt(s)

EXPLANATION OF EXPENDITURES: (include reason for expenses, event, what was purchased, etc.)

FOR TREASURER USE ONLY	DATE PAID:
CATEGORY:	
CLASS:	

TOTAL TO BE REIMBURSED _____

Signature of Requestor: _____

Approval by: _____
(board member other than treasurer)