

SCAA Reimbursement Request Form

Name _____ Date _____
Email _____ Position _____
Address _____ Phone # _____

Expenditures

	Description	Budget Line #	Budget Category	Amount
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____
TOTAL (\$)				_____

Mileage

	Description	Miles
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

Please submit form with all receipts/backup for expenditures and mileage attached.

TOTAL MILES _____
x \$0.40 _____
TOTAL (\$) _____

YOUR SIGNATURE _____ **GRAND TOTAL (\$)** _____

Approved By _____

Check Number _____

2nd Approval _____