SIG EVENT/WORKSHOP: REIMBURSEMENT FORM

Please <u>PRINT</u> and complete this form and mail or hand-deliver with Receipts to LACAMFT CFO or Administrator

- **Sums over \$25.00** must be authorized in advance by the Board.
- Original receipts must be attached with this form when submitted for reimbursement.

AMOUNT PAID	PAID TO (e.g. Staples)	DESCRIPTION (e.g. Copy handouts for	coding leave
		workshop on (date).	blank
Total \$			
			_
Event/Committee name (with date):			
Your Name:			
Signature		Date	
Mailing Address:			
Phone	Emai	1	
If you have questions or need assistance regarding this form, contact:			
 Chief Financial Officer (CFO), Billie Klayman, (818) 458.3379, or 			
 LACAMFT Administrator, Christina Bielfelt via the chapter phone line, (323) 964.3200. 			
Office use only:			
-	approved by		
Paid check #:	Date:	Delivery method:	

Version: 3/26/15