

SCA - REIMBURSEMENT REQUEST

- a) To receive reimbursement for an expense, please provide information below.
- b) Attach receipts and pertinent back-up documents.
- c) Make copies of this form, receipts and back-up for your records.
- d) Mail originals to Marie Martin, 19232 Coldstream Lane, Huntington Beach, CA 92648
- e) Reimbursement will be returned to you as soon as possible.
- f) Questions? Email Marie Martin at martin.art@mac.com, or Jeffrey Frisch at jfrischartist@netzero.net

GENERAL

- 1 Date of This Request _____
- 2 Your Name _____
- 3 Address _____
- 4 Phone _____
- 5 Email _____

EXPENSE DETAIL

- 6 Amount of Expense _____
- 7 Date of Expense _____
- 8 Description/Purpose _____
- 9 # of Receipt(s) Attached _____
- 10 Method of Payment _____
- 11 Authorized by Whom _____

REIMBURSEMENT DETAIL

- 12 Make Check Payable to _____
- 13 Amount of Check _____
- 14 Other info SCA needs? _____

SCA ADMINISTRATOR ONLY

Approved by: _____

Check issued on date: _____

Electronic or paper: _____

Issued by whom: _____

Notes: _____
