

SMAC Reimbursement Request Form
Use this form for all State, Branch & Chapter Expense Reimbursements

Event Chairpersons/Coordinators/Directors: Reimbursements are made ONLY if this form is completed, accompanied by original receipts showing proof of payment, and submitted to your Bookkeeper/Treasurer no later than 30 days after your event. Gather all your and your helper's reimbursement forms with original receipts and send together to your bookkeeper. DO NOT submit individual forms at different times – send only one packet to your bookkeeper that includes all reimbursement forms for you and your additional event personnel – additional submissions will not be accepted.

Other Event Helpers: Your forms must be submitted to the respective event chairperson/Coordinator/Director for approval within 15 days after the event. If approved, they will forward your forms and documentation to the bookkeeper for reimbursement.

Non-Event related expenses: Your forms and documentation must be submitted to your bookkeeper within 30 days of purchase.

TAPE ALL RECEIPTS smaller than 8 ½ X 11 onto an 8 ½ X 11 piece of paper (OK to combine receipts). Use separate forms for different events.

EVENT _____ Event Date _____
 Name _____ State/Branch/Chapter _____
 Street _____ City _____ Zip _____
 Phone _____ Email _____

Receipt Date	Item/Purpose	Amount
	Destination round trip mileage, if any, will be reimbursed at current IRS rate Miles: _____	(Leave Blank)

I have paid for the above listed items for the sole use of SMAC _____
Signature

For Event Chairpersons/Coordinators/Directors Use ONLY. Sign if you approve these expenses from person assisting with your event.
 Signature Authorizing Reimbursement _____

For Branch Bookkeeper Use ONLY:
 Date Received _____ Date Paid _____ Check # _____ Amount _____