

SILVER BEACH EDUCATION ASSOCIATION
Reimbursement Voucher

Please attach receipts or invoices to this form. This will help the treasurer in keeping accurate information for line items. If you need cash for making change at a SBEA event, please give the treasurer at least two (2) weeks notice prior to the activity/project.

- Vendor Payment
- Reimbursement
- Cash/Change

Date of Request: _____ Date Needed: _____

Check to be made payable to: _____
Address (if mailing): _____
Phone #: _____

Amount Requested: \$ _____ Budget Line Item: _____

Description/In payment for: _____

Requested by: _____ Signature: _____

Name of board member who approved purchase* : _____

*Please include documentation/email if available.

- Please check this box if you would like your check placed in your box at school
- Please check this box if you would like your check mailed.
- Please check this box if you would like a call when check is ready.

FOR TREASURER'S USE ONLY	Date Received: _____
Method of Disbursement	
<input type="checkbox"/> Delivered to mailbox / Date:	_____
<input type="checkbox"/> Mailed / Date:	_____
<input type="checkbox"/> Pickup / Date Notified:	_____

***Note: If there are no receipts attached, there can be no reimbursement.**