**Reimbursement Request Form**

**Instructions: Please complete the following form. Once completed, scan and submit to Donald Wood (****scla@capconsc.com****) and Kevin Reynolds (****reynoldsjk@wofford.edu****) or fax to (803) 252-0589. You can also mail it to PO Box 1763, Columbia, SC 29202. This form will be filed with the copy of the original check and subject to audit.**

Reimbursement guidelines are stipulated in the SCLA Handbook (“Reimbursement Policy for Association Expenses”). Please note: All receipts must be submitted with this form.

Please mark selection which most appropriately describes your need:

 **Program Grant** (Program must already be approved by SCLA)

 **Section, Round Table or Committee Budget** (Only if income is expected to be generated by registration fees)

 **Miscellaneous Expense** (smaller purchases only)

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| --- | --- |
| **Item and Brief Description** | **$ Amount** |
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|  | **Total $ Amount** |
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Please briefly explain the value your program/event adds to the organization.

Section, Roundtable, or Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pay to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR SCLA USE ONLY:** \_\_\_\_\_\_\_ Approved \_\_\_\_\_\_\_\_ Not Approved
Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vouchers should be accompanied by the proper receipt(s).**