



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)

Item and Brief Description	\$ Amount
Total \$ Amount	

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: _____	