

SOUTHEASTERN ARIZONA COMMUNITY ACTION PROGRAM

283 WEST 5TH STREET

SAFFORD, ARIZONA 85546

(800) 293-1144 OR (928) 428-4653

FAX: (928)428-0859

E-MAIL: mvaladez@seacapinc.org

BENEFICIARY & BOARD REIMBURSEMENT VOUCHER

(Complete in Ink)

NAME: _____

ADDRESS: _____

LOCATION: _____

BOARD POSITION: _____

DATE: Thursday September 22, 2022

Place Departed From	Time	Place Arrived At	Time	Miles Traveled
		1025 State Route 90 Benson, AZ 85602		
1025 State Route 90 Benson, AZ 85602				

MILEAGE ___ X ___ PER MILE = ___ ACCTPROGRAM _____

PERDIEM _____ ACCTPROGRAM _____

TOTAL EXPENSES= _____

THE ABOVE EXPENSES WERE INCURRED BY ME IN CARRYING OUT MY DUTIES FOR THIS AGENCY

SIGNATURE

DATE

APPROVED BY

DATE

PAID	
CHECK#	
AMOUNT	\$
INITIALS	