

# AREA Request for Reimbursement

\_\_\_\_\_ Check #

\_\_\_\_\_ Date Paid

Name \_\_\_\_\_

Where to send check:

Home: Address \_\_\_\_\_

City, Zip \_\_\_\_\_

School: \_\_\_\_\_

Mt. Ham

**Note:**

1. Expense claims are to be submitted within 30 days of occurrence. Claims made later require a detailed explanation and may be denied.
2. Reimbursement checks are written on the Mondays of AREA meetings and during the summer by arrangement. Is necessary to have this form turned in a minimum of three days prior to the meeting if it involves more than one receipt or a major expense.
3. Reimbursement checks must be cashed or reported lost within 60 days of receipt of check, or check is void and may not be reissued.
4. Reports for conference attendance should include itemized expenses, following CTA guidelines. The CTA expense form is acceptable.
5. Written summaries may be required of conference attendees. Check AREA Bylaws for further information.

Date	Item or Activity	Amount*	Budget Account
<b>Total Amount</b>			

**\*Attach receipts .**

**X** \_\_\_\_\_  
Signature

\_\_\_\_\_ Date Submitted

Approved for payment: \_\_\_\_\_ AREA President  
 \_\_\_\_\_ AREA Treasurer