

Southeastern Family Area Service Committee Expense Statement

Name: _____ Date: _____ Position: _____

Request for: Reimbursement _____ Advance _____

*****RECEIPTS MUST BE PRESENTED FOR ALL EXPENSE REIMBURSEMENTS*****

*****ADVANCES WILL BE DEDUCTED FROM FUTURE REIMBURSEMENTS*****

Date	Mileage	Supplies	Postage	Other	Total
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total this report: _____
 Less Advance: _____
 Due to SEFA: _____
 Due to individual: _____

Explanation of Postage: (attach itemized list/receipts) _____

Explanation of Mileage: (note starting address and destinations) _____

Explanation of Other: (attach itemized list/receipts) _____

Explanation of Supplies: (attach itemized list/receipts) _____

Verified? _____ Approved? _____ SEFA Check # _____