



## SMAC Reimbursement Request Form

**Use this form for all State, Branch & Chapter Expense Reimbursements**

**Event Chairpersons/Coordinators/Directors:** Reimbursements are made ONLY if this form is completed, accompanied by original receipts showing proof of payment, and submitted to your Bookkeeper no later than the 15<sup>th</sup> of the month following the month of the expense. Combine all your and your helper's reimbursement forms and documentation for the prior month and send together to your bookkeeper. Do NOT submit individual forms at different times – send only one packet monthly to your bookkeeper that includes all reimbursement forms for you and your event personnel for the previous month.

**Event Helpers:** Your forms and original receipts showing proof of payment, must be submitted to the respective event Coordinator or Director for approval no later than the 5<sup>th</sup> of the month following the month of the expense. If approved, they will forward your forms and documentation to the bookkeeper for reimbursement.

**Non-Event related expenses:** Your forms and documentation for expenses in one month must be submitted to your bookkeeper by the 15<sup>th</sup> of the following month.

**TAPE ALL RECEIPTS** smaller than 8 ½ X 11 onto an 8 ½ X 11 piece of paper (OK to combine receipts). Use separate forms for different events.

EVENT \_\_\_\_\_ Event Date \_\_\_\_\_  
 Name \_\_\_\_\_ State/Branch/Chapter \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

Receipt Date	Item/Purpose	Amount
	Destination round trip mileage, if any, will be reimbursed at current IRS rate. Miles: _____	Leave Blank

I have paid for the above listed items for the sole use of SMAC \_\_\_\_\_  
**Signature**

**For Event Chairpersons/Coordinators/Directors Use ONLY.** Sign if you approve these expenses from person assisting with your event.  
 Signature Authorizing Reimbursement \_\_\_\_\_

**For Branch Bookkeeper Use ONLY:**  
 Date Received \_\_\_\_\_ Date Paid \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_