



Empowering relationships...

Redwood Empire Chapter

of California Association of Marriage and Family Therapists

RECAMFT EXPENSE FORM

PAYMENT TYPE: CHECK REIMBURSEMENT ATM CARD USE

(check one)

For Check reimbursement complete the following:

CHECK PAYABLE TO: _____

ADDRESS IF CHECK TO BE MAILED:

For ATM Card Use complete the following:

Date Card Used: _____

Merchant/Vendor Name for Charge _____

EXPENSE AMOUNT: \$ _____

EXPENSE DESCRIPTION: _____

RECEIPT ATTACHED:

(Must attach - no reimbursements will be issued without a receipt)

EXPENSE APPROVAL: Regular Monthly Expense Approved in Annual Budget (ex. Hospitality, office supplies, etc.)

(check one)

Regular Program Expenses Approved in Budget -- non-monthly (ex. Venue fees, speaker fees, catering)

Approved at _____ (indicate month) Board Meeting

ATM Card Use < or = \$250 Approved via EMAIL by 2 Board Members with Signature Authority (EMAIL ATTACHED)

FOR ACCOUNTING USE ONLY:

CHECK #: _____ DATE ATM Charge Cleared: _____

CHECK DATE: _____ AMOUNT: _____

AMOUNT: _____ INITIAL: _____

INITIAL: _____ ENTERED: _____

ENTERED: _____