



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: \_\_\_\_\_