



EXPENSE REIMBURSEMENT 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 of Charge: _____

EXPENSE AMOUNT: \$ _____

EXPENSE DESCRIPTION: _____

EXPENSE CATEGORY: REQUIRED: PLEASE CHECK APPROPRIATE CATEGORY AT BOTTOM OF FORM

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

EXPENSE APPROVAL: (check one)

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

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:			

Expense Category (MUST CHECK ONE):

<input type="checkbox"/> Administration	<input type="checkbox"/> Insurance (includes D&O)	<input type="checkbox"/> Outreach	<input type="checkbox"/> Taxes
<input type="checkbox"/> Bookkeeping Services	<input type="checkbox"/> Leadership Conference (CAMFT)	<input type="checkbox"/> Philanthropic Project (Scholarship / Stipend)	<input type="checkbox"/> Video taping & editing
<input type="checkbox"/> CEU Expense	<input type="checkbox"/> L & E Workshop Expense-2018	<input type="checkbox"/> POBox rental	<input type="checkbox"/> Website
<input type="checkbox"/> Charitable Donations	<input type="checkbox"/> L & E Workshop Expense-2019	<input type="checkbox"/> Postage and Delivery	
- So Co Fire Victims / Community	<input type="checkbox"/> Membership	<input type="checkbox"/> Prelicensed Member Support	
- Emergency Fund for members	<input type="checkbox"/> Mileage	<input type="checkbox"/> Professional Fees (Tax Preparation)	
<input type="checkbox"/> Communications	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Programs	
<input type="checkbox"/> Contributions - CAMFT PAC	<input type="checkbox"/> Monthly Meeting Raffle	<input type="checkbox"/> RECAMFT Annual Meeting	
<input type="checkbox"/> Disaster Respnse Task Force	<input type="checkbox"/> Newsletter	<input type="checkbox"/> RECAMFT Annual Leadership Retreat	
<input type="checkbox"/> Gifts Given	<input type="checkbox"/> Office	<input type="checkbox"/> RECAMFT Presentor fees	
<input type="checkbox"/> Hospitality Monthly Meeting	<input type="checkbox"/> Online billing fees	<input type="checkbox"/> Rent	