



www.shsaainc.org

Email form to: mccalop66@aol.com

Or mail 2 copies to: WMAC
 attn: Leslie "Don" McCalop
 SHSAA, INC. Treasurer
 PO Box 975
 Riverdale, MD 20738
 (301) 552-1249

Payment/Reimbursement Request
 Please submit reimbursement forms within **10 days** of expenditures.

Name: _____ Phone: () _____ Date: _____

Mailing Address: _____

Make Check Payable to: _____

1. The original receipt(s) must be attached and signed by the person submitting the reimbursement form.
2. Each National Officer and invited Committee Chairperson will receive \$75.00 per day for lodging and subsistence and will receive the standard round trip bus rate from his/her point of origin and return, for each meeting of the Executive Board. National Officers will not receive reimbursement for the cost of Reunion activities including Hospitality, Banquet, Ball, Dance, Picnic and Booklet.
3. Travel over 30 miles one way, to transact business on behalf of the organization, is reimbursed at the federal rate. This excludes executive Board Meetings. Travel must be approved beforehand by the President.
4. The Treasurer has the right to question any amount that is being sought for payment/reimbursement and to consult with the President and/or Business Manager if he/she feels there is any discrepancy.
5. The Treasurer writes checks on the 15th and 30th of each month.
6. The budget code column will be completed by the Treasurer.

DATE	TITLE/COMMITTEE	BUDGET CODE	EXPLANATION/PURPOSE	TOTAL
Total Payment or Reimbursement				

Approved by: _____ Date: _____

Title: _____

Approved by: _____ Date: _____

Title: _____

For Office Use Only

Check # _____

Date _____

Code _____