

SILVER BEACH EDUCATION ASSOCIATION

Cash Request/Reimbursement Voucher

Please attach receipts or invoices to this form. This will help the treasurer in keeping accurate information for line items. If you need cash for making change at a SBEA event, please give the treasurer at least two (2) weeks notice prior to the activity/project.

Vendor Payment

Reimbursement

Cash/Change

Date of Request: _____ Date Needed: _____

Check to be made payable to: _____

Address (if mailing): _____

Phone #: _____

Amount Requested: \$ _____ Budget Line Item: _____

Description/In payment for: _____

Requested by: _____ Signature: _____

Name of board member who approved purchase* : _____

*Please include documentation/email if available.

Please check this box if you would like your check placed in your box at school

Please check this box if you would like your check mailed.

Please check this box if you would like a call when check is ready.

FOR TREASURER'S USE ONLY

Date Received: _____

Method of Disbursement

Delivered to mailbox / Date: _____

Mailed / Date: _____

Pickup / Date Notified: _____

***Note: If there are no receipts attached, there can be no reimbursement.**