

SMART

EXPENSE REIMBURSEMENT FORM

1. All requests for reimbursement MUST be submitted within 30 days of final event date.
2. Fill in all requested information. Choose only one category/event per form.
3. Send it to the SMART Treasurer, Janet Massolo, in one of two ways:
Snailmail: **18840 Heritage Court, Salinas, CA 93908**
Email (scans accepted): **janetmm@comcast.net**
4. You will NOT be reimbursed without receipts (scans or original) and without this form.
5. Thanks!

Date: _____

From: _____

Addr: _____

Phone: _____

Email: _____

Total Reimbursement Amount: _____

Category/Event (choose only one per form):

- | | | |
|--|---|--|
| <input type="checkbox"/> April USDAA | <input type="checkbox"/> Club Admin | <input type="checkbox"/> Raffle |
| <input type="checkbox"/> July USDAA | <input type="checkbox"/> Equipment | <input type="checkbox"/> SMART Library |
| <input type="checkbox"/> August USDAA | <input type="checkbox"/> Trailer Maint, Hauling | <input type="checkbox"/> Ribbons |
| <input type="checkbox"/> Other Event _____ | | <input type="checkbox"/> Other _____ |

Reimbursement Details (fill in amounts for each expense claimed):

_____ Awards/Ribbons	_____ Judge Hospitality	_____ Printing
_____ Catering/Food	_____ Judge Airfare	_____ Raffle
_____ Donations	_____ Judges fees	_____ RV fees
_____ Equipment Purchase	_____ Judge Gifts	_____ Scoring Supplies
_____ Equipment Rental	_____ Judge Travel	_____ Seminar Instructor Fees
_____ Equipment Maint	_____ Mileage	_____ Supplies
_____ Event Facility Rental	_____ Postage	_____ Trial Sec Expenses
_____ Gifts (other than judges)	_____ Parking	_____ Other _____
_____ Grounds	_____ Phone	_____ Other _____
_____ Hospitality	_____ Insurance	_____ Other _____

Submitted by: _____ Signature: _____

Treasurer use only: Date paid: _____ Check#: _____ Who paid it: _____