



## REQUEST FOR REIMBURSEMENT / ADVANCE

Name \_\_\_\_\_

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  Advance  Reimbursement

SSEA Position  Site Rep  Pres.  V.P.  Negotiator  
 Treas.  Sect.  Other \_\_\_\_\_

Detailed explanation of expenditure \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Make check out to \_\_\_\_\_

Send to \_\_\_\_\_  
\_\_\_\_\_

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### To be completed by the Treasurer

SSEA account to be deducted:

- Governance (meeting expense)
- Grievance processing
- Negotiations
- Office Expense
- Social
- Other \_\_\_\_\_

Budget item \_\_\_\_\_  
Date approved by Board \_\_\_\_\_  
Check # \_\_\_\_\_  
Date paid \_\_\_\_\_  
Amount \_\_\_\_\_  
Treasurer's signature \_\_\_\_\_