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 ________________________________________________________________

__________________________________________________________________________

To be completed by the Treasurer

SSEA account to be deducted:
☐ Governance (meeting expense) Budget item _________
☐ Grievance processing Date approved by Board ____________
☐ Negotiations Check # ____________
☐ Office Expense Date paid ____________
☐ Social Amount___________
☐ Other ____________________ Treasurer’s signature _________________________

In union, there is strength --Aesop