

SCGS REQUEST FOR REIMBURSEMENT

DATE:	NAME:
PURPOSE:	
(Searcher, News & Notes, Books, CDs, Subscriptions, etc.)	
BOARD MEMBER APPROVAL (Over \$200):	

EXPENSES TO BE REIMBURSED

PAPER:	\$
POSTAGE:	\$
OFFICE SUPPLIES: (Specify)	
	\$
	\$
	\$
COMPUTER SUPPLIES: (Specify)	
	\$
	\$
	\$
OTHER EXPENSES: (Specify)	
	\$
	\$
	\$
TOTAL:	\$
I WISH TO DONATE:	\$
I WISH TO BE REIMBURSED:	\$

PLEASE ATTACH RECEIPTS

<u>FOR OFFICE USE ONLY:</u>	CHECK:	# _____
	AMOUNT:	\$ _____
	DATE:	_____
	INITIALS:	_____