

SCGS REQUEST FOR REIMBURSEMENT

DATE:	NAME:
PURPOSE:	
(Searcher, News & Notes, Books, CDs, Subscriptions, etc.)	
BOARD MEMBER APPROVAL (Over \$500):	

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

FOR OFFICE USE ONLY:

CHECK: # _____

AMOUNT: \$ _____

DATE: _____

INITIALS: _____