



Riverside County Association of Educational Office Professionals

Reimbursement Form

Request for Payment

Date requested: _____

Name of Payee: _____ Amount of reimbursement: \$ _____

Budget category: _____ (i.e. Workshop, Bosses Night)

Description of Purchase/Purpose of Expenditure:

Treasurer's signature: _____ Date: _____

President's signature: _____ Date: _____

*Reimbursements must be board approved and/or budgeted prior to issuing a check to the payee. All reimbursements are due by May 31st of the same fiscal year.

Treasurer only (attach receipt and back up documentation)

Date Paid: _____	Amount Paid: _____	Check #: _____
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