



# EXPENSE REIMBURSEMENT / DONATION FORM

Event or Gallery Need:

- Event: \_\_\_\_\_
- Gallery need

Authorized by: \_\_\_\_\_

Items purchased or donated:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total: \$ \_\_\_\_\_

Select one:

- Issue Reimbursement check
- Donation (purchase or in kind donation)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Staple receipts to this sheet and place in the cash box.

**FOR OFFICE USE ONLY**

SAA Officer Sign-off (signature):  
\_\_\_\_\_

PAID

Check number: \_\_\_\_\_

Account: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Delivery Method: \_\_\_\_\_