

SWASFAA EXPENSE/REIMBURSEMENT REQUEST FORM

Make check payable to: _____

Mail Payment to: _____

	Please do not mail payment, please provide directly to requestor
--	--

Expense is to be charged to:

	Annual Conference		Awards
	Boot Camp		Continuing Education/Midlevel
	Corporate Sponsorship		Other: _____

Itemize Expenses Below:

Date	Vendor	Description of Purchase	Cost
Total Expense/Reimbursement Request			\$

Name of Individual Submitting Request: _____

Telephone number of Individual Submitting Request: _____

Email Address of Individual Submitting Request: _____

Signature of individual submitting request: _____

Authorized by: _____
Committee Chair Signature

Approved by: _____
President or Authorized Delegate

Remit with documentation/receipts to:

Cindy Perez
SWASFAA Treasurer
PO Box 40031
Lafayette, LA 70504-0031

Phone: 337-482-6504
Fax: 337-482-6502
E-mail: cindyperez8@gmail.com