****

**Reimbursement for Expenses**

Name:

Date:

|  |  |
| --- | --- |
| **Description** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| TOTAL  |  |

*Attach receipts and any other appropriate documentation. Return to EA Treasurer.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treasurer’s Use: Check # \_\_\_\_\_\_\_

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