Expense Reimbursement Form

The CSA expense policy is designed to recognize the fact that members serving this organization are volunteers who receive no direct compensation for their efforts. Therefore, it is the intent of CSA to reimburse those expenses that members undertake while serving in an official capacity on behalf of CSA.

REIMBURSEMENT PROCEDURES

1. All claims for reimbursement must be pre-approved by the Executive Committee or Board of Directors.
2. All claims for reimbursement shall be submitted on standard CSA Expense Reimbursement Forms. **PLEASE PRINT**.
3. Original receipts or clear copies of them are required as documentation to be attached to the back of the Form.
4. Forward the completed form and receipts to CSA, PO Box 1552, Mercer Island, WA 98040 within 14 days.
5. Reimbursement checks will be issued within 30 days of receipt of Form unless further clarification is needed.

Make Check Payable to: _____

Address Where Check is to be Mailed: _____

Date	Name of Vendor	Description of Charges	Account/Fund	Amount

Total Reimbursement: | |

Signature of Claimant: _____ Date:_____

Approved by: _____

Accounting Use Only

Rec'd: _____ Paid: _____ Check#: _____ Amount: _____