

# SMART

## EXPENSE REIMBURSEMENT FORM

1. All requests for reimbursement MUST be submitted within 30 days of final event date.
2. Fill in all requested information. Choose only one category/event per form.
3. Send it to the SMART Treasurer, Janet Massolo, in one of two ways:  
Snailmail: **18840 Heritage Court, Salinas, CA 93908**  
Email (scans accepted): **janetmm@comcast.net**
4. You will NOT be reimbursed without receipts (scans or original) and without this form.
5. Thanks!

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

From: \_\_\_\_\_

Addr: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Total Reimbursement Amount: \_\_\_\_\_

Category/Event (choose only one per form):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> April USDAA       | <input type="checkbox"/> Club Admin             | <input type="checkbox"/> Raffle        |
| <input type="checkbox"/> July USDAA        | <input type="checkbox"/> Equipment              | <input type="checkbox"/> SMART Library |
| <input type="checkbox"/> August USDAA      | <input type="checkbox"/> Trailer Maint, Hauling | <input type="checkbox"/> Ribbons       |
| <input type="checkbox"/> Other Event _____ |   | <input type="checkbox"/> Other _____   |

Reimbursement Details (fill in amounts for each expense claimed):

_____ Awards/Ribbons	_____ Judge Hospitality	_____ Printing
_____ Catering/Food	_____ Judge Airfare	_____ Raffle
_____ Donations	_____ Judges fees	_____ RV fees
_____ Equipment Purchase	_____ Judge Gifts	_____ Scoring Supplies
_____ Equipment Rental	_____ Judge Travel	_____ Seminar Instructor Fees
_____ Equipment Maint	_____ Mileage	_____ Supplies
_____ Event Facility Rental	_____ Postage	_____ Trial Sec Expenses
_____ Gifts (other than judges)	_____ Parking	_____ Other _____
_____ Grounds	_____ Phone	_____ Other _____
_____ Hospitality	_____ Insurance	_____ Other _____

Submitted by: \_\_\_\_\_ Signature: \_\_\_\_\_

Treasurer use only: Date paid: \_\_\_\_\_ Check#: \_\_\_\_\_ Who paid it: \_\_\_\_\_