

**SCMTA VOUCHER FOR EXPENSE REIMBURSEMENT  
OR REQUEST FOR PAYMENT**

\_\_\_\_\_  
Name of person making request

\_\_\_\_\_  
Office or Chair

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone

**EVENT:** \_\_\_\_\_ **DATE OF EVENT:** \_\_\_\_\_

**ITEMIZE EXPENSES BELOW AND ATTACH RECEIPT(S) TO BACK OF THIS REPORT.**

Copies	_____.	_____
Postage	_____.	_____
Refreshments	_____.	_____
Office Supplies	_____.	_____
Other (list below)		
_____	_____.	_____
_____	_____.	_____
_____	_____.	_____

**TOTAL AMOUNT OF REIMBURSEMENT / PAYMENT** \_\_\_\_\_.

- **FOR REIMBURSEMENT:** Check will be mailed to person/address listed above.
- **FOR PAYMENT TO ANOTHER PARTY:** List name and address below.

Make check payable to: \_\_\_\_\_

Address: \_\_\_\_\_

**MAIL THIS FORM WITH ATTACHED RECEIPTS TO SCMTA TREASURER.**

FOR TREASURER'S USE ONLY Date Rec'd \_\_\_\_\_ Check # \_\_\_\_\_ Date Mailed \_\_\_\_\_ **VOUCHER # E** \_\_\_\_\_