

Cape Henlopen Support Staff Association Expense Reimbursement Request

This completed form should be submitted to the CHSSA President for approval of payment within 30 days of the date the expense was incurred. Receipt(s) MUST be attached!

Name _____ Date _____

Building _____ Address _____

Phone _____

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<u>Date</u>	<u>Expense Incurred for:</u>	<u>Amount</u>
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1.

2.

3.

Total: _____

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Treasurer's Use:

President's Signature (Expense Approved)	Budget Line Item: _____
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Check Number: _____

Treasurer's Signature (Check Issued)	Date of Check: _____
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