



VIRGINIA ART EDUCATION ASSOCIATION

REQUEST FOR REIMBURSEMENT

Use this form to be reimbursed for monies spent on behalf of the Virginia Art Education Association. **You must attach all receipts and total the amount requested.** Make a copy for your records. Please sign below and mail or email form and all receipts to VAEA treasurer.

NAME: _____ **DATE :** _____

PAY TO ADDRESS: _____

VAEA REGION: _____ **VAEA BUDGET LINE NUMBER:** _____

PURPOSE FOR REIMBURSEMENT: _____

BOARD MEMBER TITLE: _____ **PHONE#/ EMAIL:** _____

QTY	DESCRIPTION	UNIT PRICE	TOTAL
TOTAL AMOUNT REQUESTED			

I am requesting to be reimbursed for money I spent to perform a service for the Virginia Art Education Association. I understand that I may not personally benefit from proceeds collected.

SIGNATURE: _____

APPROVED BY: _____	DATE OF PAYMENT: _____
CHECK #/ AMOUNT: _____	
MAIL OR EMAIL REQUEST FOR REIMBURSEMENT FORM AND ALL RECEIPTS TO VAEA	
TREASURER:	
MEREDITH OSE	