CAFA Expense Reimbursement / Bill Payment Form

Reimbursement For:	
Applicant Name (Print your name)**:**	
Select Request Payment Mode:	☐ **Zelle** (using below Email or Phone) ☐ **Mail a Check** (print your home address here)
Contact Info:	**Email** (also use for Zelle)**:**
	Phone (also use for Zelle)**:**

Date	Purpose of Expenses	Sub-Total
Descriptions of Expenses:		
	Request the total amount for this reimbursement:	

Comments:		
Check Issued Date:	**Check Number:**	**Final Paid Amount** (for Office)**:**

Submitted by: (Please Print)	**Signature:**	**Date:**
Approved by President: (Please Print)	**Signature:**	**Date:**
Approved by Vice President: (Please Print)	**Signature:**	**Date:**

Important Form Instructions:

1. Please follow the instructions closely to avoid any delaying of your reimbursement and typing to fill forms.
2. Approval document as need if your reimbursement amount is over $400 or events haven't approved by the board badge plan.
3. If without original receipts, a written statement is required, and both Vice President and President need to sign the claim form.
4. CAFA financial Dept processes expense reimbursements only once on last Saturday of every month
5. Mail your reimbursement form and receipts to following address: CAFA - PO BOX 898, Cary, NC 27512
6. Contact Information: Songhua Zhang, 919.570.0020 & cafa.treasurer2012@gmail.com

CAFA Reimbursement Details Form

Expense Categories Codes (ECC) (费用分类):

[1] Executive Committee (EC) expenses [2] Rental [3] Food expenses from events [4] Appreciation Volunteers Expense [5] Donations [6] Publications and Professional fees [7] Office and events supplies [8] Others

Date	ECC	Purpose	Description of Item-Expenses	Amount
			Sub-Total:	

Submitted by: **Date:**
(Please Print)

Comments:

Important Form Instructions:
- Using Expense Categories Codes in ECC column for each expense.
- Please write your name and purpose on each original receipt or invoice tape all the receipts on 8.5 x11" plain letter paper, and attach it to the back of this form.