



Reimbursement Request Form

For all payments, please email one single PDF (with attachments)
to: treasurer@smps-sac.org | Questions Call Ginger Kelly (415) 350-8178

All requests must include proof of payment. All requests require review and signature approval by an Executive Board Member or Committee Chair.* All expenses greater than \$500—and ANY expense outside of the budget—must be approved in advance by the Executive Board. Reimbursement requests must be submitted within 3-5 calendar days from date of receipt(s), and can take one to two weeks to process.

Type

SELECT ONE

Bank ACH - Vendor setup required see Vendor Details

Check Request if no banking information available only

Expense

FILL OUT COMPLETELY

Attach all receipts and/or backup information.

DATE	DESCRIPTION	ACCOUNT CODE	TOTAL
TOTAL AMOUNT:			

Vendor Details

Please fill out each section completely. **Physical address required** - no Lockbox addresses.

PAYABLE TO:

Direct Deposit is typically 2-3 days to post.

Checks processed and mailed within 3-5 days and typically rec'd within 10 business days.

NAME -or COMPANY	
MAILING ADDRESS	
EMAIL ADDRESS	
PHONE	
DATE NEEDED	

ADDITIONAL INFORMATION:

Please note requesters name

***Signature**

NAME OF AUTHORIZED SMPS BOARD MEMBER

POSITION

SIGNATURE

DATE