

# Claim for Reimbursement

## Evergreen Teachers Association 2021-2022

Member Name \_\_\_\_\_ School/Site \_\_\_\_\_

Date \_\_\_\_\_ Activity \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

VENDOR	CLAIM DESCRIPTION	AMOUNT
<b>Total Claim</b>		

Member Signature \_\_\_\_\_

**Sign Receipts and Staple to This Form**

ETA Treasurer Accounting:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> 501 Grievance</li> <li><input type="checkbox"/> 502 Bargaining</li> <li><input type="checkbox"/> 504 Elections</li> <li><input type="checkbox"/> 506 Hospitality</li> <li><input type="checkbox"/> 509 Membership</li> <li><input type="checkbox"/> 511 Political Action</li> <li><input type="checkbox"/> 553 Rep/Eboard Treats</li> <li><input type="checkbox"/> 574 Furniture/Equipment</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> 576 Supplies</li> <li><input type="checkbox"/> 601 Local Conference</li> <li><input type="checkbox"/> 603 National Conference</li> <li><input type="checkbox"/> 605 Regional Conference</li> <li><input type="checkbox"/> 606 State Conference</li> <li><input type="checkbox"/> 607 State Council</li> <li><input type="checkbox"/> 701 Cell Phone</li> <li><input type="checkbox"/> 703 Misc. Officer</li> </ul> |
|---|--|

Check # \_\_\_\_\_ Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ Verification \_\_\_\_\_