

# Claim for Reimbursement

## Evergreen Teachers Association 2022-2023

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:

- |  |  |
|--|--|
| <input type="checkbox"/> 501 Grievance           | <input type="checkbox"/> 576 Supplies            |
| <input type="checkbox"/> 502 Bargaining          | <input type="checkbox"/> 601 Local Conference    |
| <input type="checkbox"/> 504 Elections           | <input type="checkbox"/> 603 National Conference |
| <input type="checkbox"/> 506 Hospitality         | <input type="checkbox"/> 605 Regional Conference |
| <input type="checkbox"/> 509 Membership          | <input type="checkbox"/> 606 State Conference    |
| <input type="checkbox"/> 511 Political Action    | <input type="checkbox"/> 607 State Council       |
| <input type="checkbox"/> 553 Rep/Eboard Treats   | <input type="checkbox"/> 701 Cell Phone          |
| <input type="checkbox"/> 574 Furniture/Equipment | <input type="checkbox"/> 703 Misc. Officer       |

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