



SARASOTA CHINESE ACADEMY

EXPENSE REIMBURSEMENT FORM (ATTACH ORIGINAL RECEIPTS)

Name _____

Date	Description	Amount
TOTAL EXPENSES		

I hereby certify that the above expenditures were incurred by me as necessary SCA business only and include no items of a personal nature.

Requested by _____ **Date** _____

Authorized by _____ **Date** _____