

CHAPTER

- Expenditure Request
- Reimbursement
- Check Request



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CONTACT

Payee Name

Company Name

Address

City/State/Zip

Phone

Name

Phone

E-mail

Chapter

Date	Date Needed*	Reason / Account	Payee - Check Payable To:	Amount
Total:				

***Checks require a minimum of five business days to process. Individual reimbursements of any amount must be authorized by a chapter representative, other than the payee. For amounts over \$250 two signatures are required and neither signatory may be the payee.**

Delivery Instructions

Purchase details:

Chapter Rep.
Signature

2nd Chapter
Signature*

Authorized by
AlumniAssoc. Dir.

Internal Use Only

Amount Paid	Check No.	Date
Account #:		