

**NATIONAL ELIGIBILITY WORKERS ASSOCIATION
SAN JOAQUIN COUNTY CHAPTER
EXPENSE REIMBURSEMENT CLAIM**

Payable to: _____ **Date:** _____

Mail Station: _____ **Phone:** _____

PURPOSE OF EXPENSE:	AMOUNT

Reimbursement of expenses must be requested within 30 calendar days from the day the expense occurred. If cash advance or prepayment of registration is needed, submit the request four weeks before event.

Receipts are required. If a receipt is not available, explain why. Cancelled checks alone are not sufficient. Do not perform a computation on a receipt; use a separate piece of paper.

The undersigned, under penalty of perjury, states: That the above items are true and correct; are in conformity with rules and regulations pertaining to expenses for the chapter and that no part thereof has been previously paid.

Signed: _____



Expenditures Approved by: _____
Chapter Official

Date approved: _____

Check number: _____ **Cash:** _____