

# AEAI REIMBURSEMENT FORM

Check # \_\_\_\_\_ Date: \_\_\_\_\_ File# \_\_\_\_\_  
 Please do not write in this box.

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**You must also circle the account from which you are requesting reimbursement**

01	President	08	Middle	15	District 5	22	Student Rep.	29	Technology	36	Wrkshps/Retreats
02	Vice-Pres.	09	Secondary	16	District 6	23	Cult. Exchange	30	Scholarship	37	Insurance
03	Secretary	10	Higher Ed.	17	District 7	24	West. Reg. Mtng.	31	Collab. Efforts.	38	Museum
04	Treasurer	11	District 1	18	Publications	25	Past Pres/Pol./Rsrch	32	Prof. Dvlpmt.	39	Advocacy
05	Membership	12	District 2	19	Youth Art Month	26	Miscellaneous	33	Board Retreat	40	
06	Administration	13	District 3	20	Fall Convention	27	Special Projects	34	AEAI Awards	41	
07	Elementary	14	District 4	21	Affiliates	28	NAEA Conf/Del	35	Audit/Taxes	42	

**DO NOT INCLUDE SALES TAX IN YOUR REQUESTS FOR REIMBURSEMENT**  
**Use the AEA I Not-For-Profit Tax Number and Certificate when Purchasing**

CATEGORY (e.g. postage, phone calls*, etc.)	DESCRIPTION (e.g. postage for..., phone calls to...)	COST
<b>TOTAL</b>		

**Receipts must accompany request for reimbursements.**

\*A copy of the telephone company bill with itemized calls noted must be attached.

If funds are to be sent to a particular company or person (other than yourself) complete the following section and attach invoice.

\_\_\_\_\_ Cost  
 Company or Person  
 \_\_\_\_\_ Address

**For reimbursement mail to:**  
 Suzanne Finn  
 128 Barton Avenue  
 Terre Haute, IN 47803-1838  
[Treasurer@aeai.org](mailto:Treasurer@aeai.org)

