AEAI REIMBURSEMENT FORM Check # Date: File# Please do not write in this box. Name: ______ Account #: Address: _____ Date: _____ Phone: You must also circle the account from which you are requesting reimbursement President 80 Middle District 5 Student Rep. 29 Technology Wrkshps/Retreats 01 Secondary 02 Vice-Pres. 09 16 District 6 23 Cult. Exchange Scholarship Insurance 03 10 Higher Ed. 17 District 7 24 West. Reg. Mtng. 31 Collab. Efforts. 38 Museum Secretary District 1 25 Past Pres/Pol./Rsrch 32 Prof. Dvlpmt. 04 Treasurer **Publications** 39 Advocacy 05 Membership 12 District 2 Youth Art 26 Miscellaneous 33 **Board Retreat** 40 Month Administration District 3 20 Fall Convention 27 Special Projects 34 **AEAI** Awards 41 06 13 07 14 District 4 Affiliates NAEA Conf/Del 35 Audit/Taxes 21 42 Elementary DO NOT INCLUDE SALES TAX IN YOUR REQUESTS FOR REIMBURSEMENT Use the AEAI Not-For-Profit Tax Number and Certificate when Purchasing **CATEGORY** DESCRIPTION COST (e.g. postage, phone calls*, etc.) (e.g. postage for..., phone calls to...) TOTAL 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.

Address

For reimbursement mail to:

Lauren Kibbe 200 North Brewer Street Greenwood, IN 46142



Cost

Treasurer@aeai.org

Company or Person