



# The Society of California Archivists

1020 "O" Street, Sacramento, CA 95814

Check one: Reimbursement  Direct Pay

Claimant	
Address	
Phone	

Payee (if different)	
Address	
Phone	

Purpose:					
DATE	ITEM	AMOUNT	RECEIPT ATTACHED? Y/N	COMMITTEE	APPROVAL
<b>TOTAL</b>					

If committee expense, please submit to Committee Chair for signature. Original signatures needed below.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature -- Committee Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MAIL TO: David Uhlich**  
**Treasurer, Society of California Archivists**  
**330 1st Street**  
**San Rafael, CA 94901**

**For Treasurer Use Only:**

**Date Paid:** \_\_\_\_\_ **Check #:** \_\_\_\_\_ **Amount:** \_\_\_\_\_ **Fund:** \_\_\_\_\_

Unbudgeted expenses of \$26.00 to \$100.00 must receive prior approval from the Treasurer.  
 Unbudgeted expenses of \$101.00 to \$149.00 must receive prior approval of the President.  
 Unbudgeted expenses over \$150.00 must receive prior approval of the Board.  
 2009 Mileage Rate: \$0.55 per mile.