



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
TOTAL					

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.
 2006 Mileage Rate: \$0.445 per mile.