

Claim for Reimbursement

Evergreen Teachers Association 2019 - 2020

Member Name: _____

School/Site: _____

1

Date: _____

Activity: _____

Home Mailing Address: _____

2

VENDOR	CLAIM DESCRIPTION	AMOUNT
Total Claim		
Signature: _____		

3

Sign & Staple Receipts to Reverse Side

ETA Treasurer Accounting

Chart of Accounts:

- 501 Grievance
- 502 Bargaining
- 504 Elections
- 505 Fundraising
- 506 Hospitality
- 509 Membership
- 511 Political Action
- 553 Rep/E.Board Treats
- 574 Furniture/Equipment

- 576 Supplies
- 601 Local Conference
- 603 National Conference
- 605 Regional Conference
- 606 State Conference
- 607 State Council
- 701 Cell Phone
- 703 Officers, Miscellaneous

Check #: _____

Date: _____

Amount: _____

Verification: _____