



HERSHEY AREA ART ASSOCIATION

PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT & SUBMIT TO HAAA TREASURER

Name _____

HAAA Position _____

Telephone (_____) _____ Email _____

Expenditure was for: _____

List Expenditures:	1.	\$
Comments	2.	\$
	3.	\$
	TOTAL EXPENSE	
Minus Advance Received		\$
Reimbursement Claimed		\$
Not claimed – donate to HAAA		\$
Refund to HAAA (Enclose Check)		\$

Reimbursement or payment check payable to:

Name _____

Address _____ City/Zip _____

Signature _____ Date _____

HAAA Officers' Signature: _____ Date: _____

(NOTE: All unbudgeted purchases need to be approved by HAAA Board or 2 HAAA Officers)

For HAAA TREASURER USE:

- Budget-approved expenditure Two officer approved expenditure
- Executive Board-approved expenditure (Date approved in minutes _____ – copy of minutes attached)

Check Number	Category	Amount Advanced	Expenses	Amount Owed or Due

Date paid _____

By Electronic or check book (circle) Treasurer's Initials _____