Manhasset School Community Association

2023 - 2024

Date:	
Date.	

SCA HIGH SCHOOL Reimbursement Form OR Vendor Payment Form

Description of Expense(s) – <i>No reimbur</i>	rsement without attached receipt	s!	Amount(s)	Executive Board Approval Attached Required If > \$2,000
		,	TOTAL \$	
Check Payable to:		Approved by:		
Name		Committee Chair Na	ame Co	ommittee Chair Signature
Address		Maria Herrington	, High School Pr	esident esident
		Claudine Fini OR M	Aelissa Napolit	ano SCA Executive Co-Presidents
	WANTED THE	Etsuko Murase, H	igh School Fina	nce Chair
Cax ID (Vendor)	050	Eva Sehic, SCA Ex	ecutive Treasur	 er

*Email Approval(s) attached. All requests for approval must include a copy of the receipt(s). Scans or cell phone photos are acceptable for email approval only.

Audit rules require all reimbursements to have a written request describing purpose/use and store receipts.

The SCA is a tax-exempt organization making items purchased for the use of the organization exempt from sales tax.

Obtain an Exempt Organization Certification Form from the Executive President or from the SCA Executive Treasurer.

All reimbursements MUST have receipts dated within 30 days of submission up to an absolute MAX of 60 days