

MEA Marquardt Education Association **EXPENSE CHECK REQUEST**

Reimbursements will not be paid without this EXPENSE CHECK REQUEST FORM and your receipt(s). Fill out top half of document. Please attach ORIGINAL receipts to the back with a staple and keep a copy. Must be submitted WITHIN 14 days of incurred expense(s).

See example on page 2 of 2

Today's date: _____

Requested by / Payable to: _____

Please circle one: **Send District mail (BH HALL RESK WINN M6 78), or address?**

_____ **Street** _____ **City** _____ **State** _____ **Zip**

Please itemize STORE RECEIPTS and AMOUNTS. Refer to page 2 of 2 for expense account numbers.

Store	Item Description	For	Amount	Account #

TOTAL AMOUNT REQUESTED

Treasurer Use Only

ELPT

You will receive a copy of this entire page for your records along with your reimbursement check.

Date received: _____

From: _____

For: _____

Check # issued: _____

Amount of check: _____

Charged to account #: _____

Date written: _____

Approved by: _____



Marquardt
Education Association

Elia Ponce-Tokarz, Treasurer

MEA Marquardt Education Association EXPENSE CHECK REQUEST

MEA Marquardt Education Association 2014-15 Expense Accounts

Account #	Account Name	Account #	Account Name
202	President Expenses	445	MEA Teacher Grant
203	President Dues Reimbursement	450	Political Action
260	Summer Retreat	460	Teacher Appreciation
270	Exec. Board Dinner May	465	Recognition / Thank you
280	Board Meeting Food	470	MEA General Meeting
290	Negotiations	481	Build Meeting HALL
300	Arbitration/Mediation	482	Build Meeting RESKIN
310	IEA-RA	483	Build Meeting WINN
320	NEA-RA	484	Build Meeting BLACKH
330	Collective Bargaining	485	Build Meeting M6
340	Social Events	486	Build Meeting M78
360	Membership Training	490	School Board Social
380	Sch Board Dinner(s) Night	500	Retirement Party
400	Health Fair	610	Sunshine
420	5th/8th School Awards	730	Website
430	Social Workers	740	Office Maintenance
440	MEA Charities	750	Contingency

Today's date: 02/29/16

Requested by / Payable to: John Doe

Please circle one: Send District mail (BH HALL RESK WINN M6 78), or address ?

1234 N. Bloomingdale Rd Glendale Heights IL 60149
 Street City State Zip

Please itemize STORE RECEIPTS and AMOUNTS. Refer to page 2 of 2 for expense account numbers.

Store	Item Description	For	Amount	Account #
<i>Post Office</i>	<i>Stamps</i>	<i>Member Mailing</i>	<i>\$92.61</i>	<i>740</i>

TOTAL AMOUNT REQUESTED

\$92.61

Example