California Community College Early Childhood Educators

Reminder: ALL expenditures MUST be pre-approved by the President

Please submit reimbursement requests immediately after expenses are incurred. Request must be submitted within 10 days of the expenditure. Expenses submitted after June 25th of the fiscal year will not be reimbursed.

Please list all items and amounts for reimbursement. Receipts must be in the requestors' name and not a third part. All original/appropriate receipts must be attached in order to receive reimbursement.

1							
Reimbursement Request							
Approved by Pre	sident on:						
Method of pre-approval − Check one: □Phone			ne 🗆	Email	□In person	□Other	
If other, please explain							
Recipient Information							
Name					Date		
Signature					•		
Home Address							
Cell Phone A			Altern	Alternate Phone			
Email Address							
Reimbursement Information							
Region # or Committee information:							
Event/Activity:							
Date of Event/Activity:							
Request Total:							
Make Check Payable to:							
Expense Details (attach all receipts):							
Documented Expense			Amo	Amount Spent			
1.			\$				
2.				\$			
3.			\$				
Total Requested \$							
Submit all Receipts and this form and mail to CCCECE Treasurer							
Becky Green CCCECE: Treasurer 656 Russell							
Brawley, CA 92227 CCCECE							
CALIFORNIA (CALIFORNIA COMMUNITY COLLEGE EARLY CHILDHOOD EDUCATORS	
Date Received Date Paid							
Total Paid Check Numb			mber			~	
Notes							