

**SEATTLE AREA SERVICE COMMITTEE
REIMBURSEMENT / TRANSFER FORM**

DATE: _____

REIMBURSEMENT (Receipt Required)

SUBCOMMITTEE _____

CHECK PAYABLE TO _____

AMOUNT _____

REASON _____

TRANSFER

FROM SUBCOMMITTEE _____

TO SUBCOMMITTEE _____

AMOUNT _____

REASON _____

CASH ADVANCE

SUBCOMMITTEE _____

CHECK PAYABLE TO _____

AMOUNT _____

REASON (must have itemized statement detailing needs, followed by receipt upon purchase. Both must be attached to this form)