Revised Jan 1, 2018

## AMATYC REIMBURSEMENT/ PAYMENT AUTHORIZATION FORM

For office use only

Officer ID# - Day # of Year

All claims must be requested within 90 days or expenditure, or by December 15, whichever comes first. All signtures and dates must be provided. For any further questions, please contact AMATYC Treasurer (davetannor@gmail.com)

Name			Date	
Address				
City	State		Zip	
Comple	te this section for all claims involvi Stipulations Concerning Re			
Purpose of Travel				
Destination			Dates	
Date Incurred	Description of Expense		Budge Account Number	Amount of Expense
If you require additional space above, please attach a separate sheet.		parate sheet.	Total Expenses Less AMATYC Prepay Net This Claim	7
M.I. CL. I.D. III.			Titel Tilly Omini	-1
Make Check Payable to: Mail Payment to:				
Address				
City, State, Zip				
E-mail				
Budget Manager's Signature	Date	Claimant's S	Signature	Date
Position ID number:	(See Chart of Accou	unts)		
AMATYC Officer / Other Pe	osition Description:			
Treasurer's Signature	Date			

Save Form and then click here to upload it to the Treasurer