Revised Jan 1, 2020

For office use only
Officer ID# - Day # of Year

AMATYC REIMBURSEMENT/
PAYMENT AUTHORIZATION FORM

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

Name _____ **Date** _____

Address _____

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

Complete this section for all claims involving travel. See Reimbursement Policy for Stipulations Concerning Reimbursement for Travel

Purpose of Travel _____

Destination _____ Dates _____

Date Incurred	Description of Expense	Budget Account Number	Amount of Expense
		Total Expenses	$0.00
		*Less AMATYC Prepay	
		Net This Claim	$0.00

If you require additional space above, please attach a separate sheet.
*Please enter the "Less AMATYC Prepay" amount as a negative number.

Make Check Payable to: _____
Mail Payment to: _____
Address _____
City, State, Zip _____

E-mail _____

_____ _____
Budget Manager's Signature Date Claimant's Signature Date

Position ID number: _____ (See Chart of Accounts)

AMATYC Officer / Other Position Description: _____

_____
Treasurer's Signature Date

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