

## Salem-Keizer Education Association Reimbursement/Bill Voucher 2021-2022

Name/Payee	Work Site	Check#
Address (where check will be mailed)	Date	President or VP Initials
	Preparer's Signature	Treasurer Initials
Committee (if expense is related to committee work)	Committee Chair Signature (if required)	

Is this expenditure reimbursable from a non-SKEA source (Y / N)?

Please explain the nature of your expense. If it was for an activity, tell what the activity was and the date it was held. Attach all original ITEMIZED receipts or invoices. Keep a copy for your records. Approved travel is reimbursed at the current IRS rate (\$.56 as of Jan. 1, 2021) or the OEA/NEA rate, whichever is applicable. If your work is for a committee, have the committee chair sign and date the voucher. Finally, please return the completed voucher to the SKEA office.

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Amount	Account Code	Amount	Account Code
	<b>PROMOTE MEMBER INVOLVEMENT</b>		<b>BUILD &amp; COLLABORATE COMM./POL. PARTNERS</b>
	210 Communications		610 Charitable Donations
	220 New Member Lunch		660 Organizing Activism
	230 Member Promotion		
<b>XXXXXX</b>	240 Build. Rep. Grant <b>*USE OTHER VOUCHER</b>		<b>OPERATIONAL</b>
	255 Social Events		710/715 Presidential Expenses
<b>XXXXXX</b>	256 Wellness <b>*USE OTHER VOUCHER</b>		720/725 Vice Presidential Expenses
	260 SKEA Merchandise		730/735 Office Supplies/Contract Printing
	270 Retiree Dinner		750 Technology Supplies
			755 Internet Expenses
	<b>ADVOCATE FOR MEMBERS</b>		756 Technology Capital Improvements
	310 Bargaining Committee		757 Technology Consultant
	350 HS Achievement Award		760 Financial Review/Tax Documents
	360 Grievance and Arbitration		770/775 Treasurer Stipend/ Secretary Honorarium
	390 IPD (Personal Workshops)		
			<b>LOCAL GOVERNANCE</b>
	<b>MEET THE NEEDS OF STUDENTS</b>		810 Board of Directors
<b>XXXXXX</b>	420 PTHV <b>*USE PTHV VOUCHER</b>		820 SKEA Representative Assembly
	450 National Conferences		825 General Meeting Food/Snack Fund
			835 Elections
	<b>PROMOTE SOCIAL JUSTICE</b>		
	520 HCR/CORE Activism		<b>STATE AND NATIONAL GOVERNANCE</b>
	530 CAPE Grant		910 OEA Representative Assembly
			920 NEA Representative Assembly
		\$	<b>Grand Total</b>
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SKEA Board of Directors Member Signature:	Date of Approval:
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\* Please use the separate vouchers to access Build Rep/Wellness and PTHV Funds at [www.salemkeizerea.org](http://www.salemkeizerea.org)



## **SKEA VOUCHER REIMBURSEMENT PROCEDURES**

Vicki Mashos, Treasurer

**When requesting reimbursement for SKEA related expenses, please be mindful of the following procedures:**

1. A SKEA reimbursement voucher must be filled out with a) your name or the name of the person or organization seeking reimbursement, b) the address you would like the check mailed to, c) the sub-account you are seeking reimbursement from, and d) a description of the expense along with attached **ITEMIZED** receipts (copies will suffice).
2. If your reimbursement is related to a committee, the chair of that committee **MUST** sign your voucher. An e-mail from the committee chair to the treasurer will suffice. The treasurer can be contacted at [skeatreasurer@gmail.com](mailto:skeatreasurer@gmail.com).
3. Vouchers must be submitted by the Friday before the next regularly scheduled Board of Directors meeting in order to be approved. The Board of Directors usually meets on the second Wednesday of the month. Vouchers submitted late may not be processed until the following month. Upon approval by the Board of Directors, checks will be mailed to the address listed on the voucher.

***If requesting reimbursement for Building Rep/Wellness Grant Funds or Parent/Teacher Home Visit – please submit the alternative Building Rep/Wellness Grant Voucher or Parent/Teacher Home Visit Voucher.***

4. **SKEA will NOT reimburse for any purchase of alcohol (per Policy 5.14)**

Should you have any questions about these procedures or reimbursement in general, please contact Treasurer Vicki Mashos at [skeatreasurer@gmail.com](mailto:skeatreasurer@gmail.com).