



## Reimbursement to BEA Form

**Reimbursement type:** (Circle one)      Cash      Check

**Name of organization providing the reimbursement:**

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**Date of event/activity:**    \_\_\_\_/\_\_\_\_/\_\_\_\_    **Date of reimbursement:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
                                 month   day   year                                   month   day   year

**Budget Category:** (circle the destination/account for the reimbursement deposit).

MEA/NEA Conferences	PR	PAC
Travel	Miscellaneous	Other, please describe below

Descriptions/notes:

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Total amount of reimbursement: \$\_\_\_\_\_

Signature: \_\_\_\_\_

If reimbursement is by check, please include a copy of the check with this form or send the check to the BEA office to Elaine French. A copy of the form and check will be kept in the BEA office. Thank you.