



## CAFA Expense Reimbursement / Bill Payment Form

<b>Committee/Club</b>			
<b>Make the check payable to:</b>		<b>Total Amount:</b> <small>(official use only)</small>	
<b>Mail the check to (if not picking-up):</b>			
<b>Date</b>	<b>Purpose</b>	<b>Description of Items</b>	<b>Amount</b>
<b>Total :</b>			
<b>Submitted by:</b> <small>(Please Print)</small>		<b>Signature:</b>	<b>Date:</b>
<b>Approved by President:</b> <small>(Please Print ):</small>		<b>Signature:</b>	<b>Date:</b>
<b>Approved by Vice President:</b> <small>(Please Print):</small>		<b>Signature:</b>	<b>Date:</b>
<b>Below For Financial Dept Use Only:</b>			
<b>Check Issue Date:</b>	<b>Check No.:</b>	<b>Check Amount:</b>	
<b>Remarks:</b>			

### Important Form Instructions:

1. Please write your name and purpose on each receipt, tape all the receipts on 8.5 x11" plain letter paper, and attach it to the back of this form.
2. For Purchases/payment request under \$400, you should obtain approval from either President or Vice President. Any purchase over \$400 of purchase/spending requires CAFA Board Approval.
3. If without original receipts, a written statement is required, and both Vice President and President need to sign the claim form.
4. CAFA financial Dept processes expense reimbursements only once on last Saturday of every month.
5. Mail your reimbursement form and receipts to following address:  
[CAFA](#)  
 P.O. Box 898  
 Cary, NC 27512  
 If you have any question, please contact Mr. Xiaoming Tan at (919) 363-3814, or [treasurer@cafanc.org](mailto:treasurer@cafanc.org)
6. Please follow the instructions closely to avoid any delaying of your reimbursement.