

Date: _____

SAPFB Funding Reimbursement Checklist

Organization: _____

- Vendor Verification Form**
- SAPFB Reimbursement Request Form**
(authorization signature by member NOT being reimbursed)
- SAPFB Receipt Log for Reimbursement of Expenditures**
- All Original Receipts**
- Copy of credit card** (if applicable)
- Copy of credit card statement** (if applicable)
- Copy of cancelled check** (if applicable)
- Tax Forms** (if not already completed)
 - WH-1** (individual reimbursement)
 - W-9** (organization reimbursement)
- Flyer for event**
- Post Activity Report**

(THIS SECTION TO BE COMPLETED BY SAPFB)

- Sign Reimbursement Request Form**
- Copy of SAPFB proposed funding spreadsheet**
- 3 copies to be submitted to fiscal office**