Attach receipts to this request.

Please indicate if this is an Administrative Expense or SBI Foundation Expense

|  |  |  |  |
| --- | --- | --- | --- |
|  | Administration Expense |  | Foundation Expense |

Person requesting reimbursement/payment:

Check the Approving Committee

|  |  |  |  |
| --- | --- | --- | --- |
|  | Administration |  | Public Image |
|  | Service |  | SBIR Foundation |
|  | Foundation |  | Sunshine Committee |
|  | Membership |  | Other |

Description of Expense Items:

Amount of funds requested: $

Check made payable to:

Deliver the check to:

ALL Non-Charity Fund Requests MUST be signed by BOTH the Approving Committee chairperson and the SBIR President.

Signature: Committee chairperson

Signature SBIR President

Date:

Date paid: Check # \_\_\_\_\_ GL Acct: