**SCAPLA Reimbursement Request**

|  |  |
| --- | --- |
| **Name & Library** |  |
| **Date of Request** |  |
| **Make Check Payable To:** |  |
| **Mail Check To:** |  |

|  |  |  |
| --- | --- | --- |
| **Expenses** | **Date of Expense** | **Reason for Expense** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Keep copies of your receipts.**

**Mail the form and original receipts to:**

**Charlotte Johnston**

**Harvin Clarendon County Library**

**215 N Brooks Street**

**Manning, SC 29102**

**Treasurer Use Only: Check #\_\_\_\_\_\_\_\_\_\_\_\_ Sent Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Budget Account - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**