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| --- | --- |
| Invoice Number |  |
| Invoice Date |  |
| Month/Year of Expenses |  |
| SAP Vendor Number |  |
| Location Code | 81SECA |

**SECA Monthly Expense Invoice**

(Complete a separate invoice form for each

month of requested reimbursement.)

**Organization Name:**

**Remittance Address:**

**Contact Name:** **Phone:** **Email:**

|  |  |  |  |  |
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| **SECTION A: PERSONNEL EXPENSES (for this month)** Use additional sheet if necessary.  FOR EMPLOYEES WHO WORKED ON SECA THIS MONTH: Complete all columns and attach month-specific paystubs and benefits documentation for each. SECA hours should match hours on time log.  FOR ALL OTHER EMPLOYEES: Complete only the “monthly hours” column. No additional documentation is needed for these employees. | | | | |
| **Name** | **Gross Monthly Salary** | **Monthly Benefits Value** | **Monthly Hours** | **SECA Hours** |
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| **TOTAL** |  |  |  |  |

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| **SECTION B: OPERATIONAL EXPENSES (for this month)** List all operational expenses incurred during the month for which you are requesting reimbursement. Attach month-specific itemized bills AND proof of payment for each. | | | | | | |
| **Expense** | **Month** | **Amount Paid** |  | **Expense** | **Month** | **Amount Paid** |
| Phone |  |  |  | Internet |  |  |
| Rent or Mortgage |  |  |  | Postage |  |  |
| Water/Sewage |  |  |  | SECA Tolls |  |  |
| Electric |  |  |  | SECA Parking |  |  |
| Computers |  |  |  |  | **TOTAL** |  |

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| --- | --- | --- | --- | --- | --- |
| **SECTION C: TRAVEL EXPENSES (for this month)** Use additional sheet if necessary. Attach legible receipts for all requested travel reimbursements. | | | | | |
| **Travel Date** | **Name of Traveler** | **Starting Street Address** | **Ending Street Address** | **Total Miles** | **Reason for Travel** |
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|  |  |  | **TOTAL MILES** |  |  |

**Person Preparing Invoice:**  **Signature:**

**Executive Director/CEO (or their supervisor—see below):** **Signature:**

(Signatures attest that the information on this form and the attached forms is true and correct. If person preparing report is the executive director/CEO, then second signature should be the executive director/CEO’s supervisor.)