SEEC FORM 20
Rev. 1/12

Section T. ADDITIONAL PAGE ____ of _____

NAME OF COMMITTEE	TYPE OF REPORT

T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment: ☐ Check #_____ ☐ Debit Card
Secondary Payee				
Street Address	City	State	Zip Code	
Purpose of Expenditure (by code)	Description	Event #	**Amount**	
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum T Required** ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ☐ **A** ☐ **B** ☐ **C** ☐ **D** ☐ **E**			

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment: ☐ Check #_____ ☐ Debit Card
Secondary Payee				
Street Address	City	State	Zip Code	
Purpose of Expenditure (by code)	Description	Event #	**Amount**	
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum T Required** ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ☐ **A** ☐ **B** ☐ **C** ☐ **D** ☐ **E**			

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment: ☐ Check #_____ ☐ Debit Card
Secondary Payee				
Street Address	City	State	Zip Code	
Purpose of Expenditure (by code)	Description	Event #	**Amount**	
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum T Required** ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ☐ **A** ☐ **B** ☐ **C** ☐ **D** ☐ **E**			

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