



Schaumburg Educational Employees Organization

SEEO PAID OUT VOUCHER

Date Submitted: _____ Voucher # _____

Amount \$ _____

Submitted by: _____

Payable to: _____

Remarks: _____

Check # _____ SEEO PAC

Date _____

Code: _____

Notes: _____

Please send your request for payment along with **ORIGINAL RECEIPTS** to **SEEO Treasurer, Clara Arnold at Hanover Highlands**. Receipts must be submitted within 30 days.