



NEW YORK LIBRARY ASSOCIATION
The Voice of the Library Community

REIMBURSEMENT / DISBURSEMENT REQUEST FORM

Updated June 2024

Group Responsible for Expense*: _____

Submitted By*: _____

Please complete all ***required fields**. We strongly recommend opening the fillable PDF in a browser and typing this information exactly as you would like it to appear on the check. **Complete details on the nature of the expense(s) listed and copies of all receipts should be included with this form.** By submitting this form, you verify that the accompanying receipts have not been altered in any way. ***Any forms submitted with illegible information will be returned and required to resubmit.***

Payable To*: _____ (select ONE: Person
This is a(n) Institution

Email*: _____ Phone*: _____

Address*: _____

City: _____ State: _____ Zip Code: _____

| Date of Program | Name of the program and detailed description of the all expenses (including meals and lodging) | Mileage | Subtotal |
|----------------------------------|--|---------|----------|
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| | | | |
| Total Reimbursement/Disbursement | | | |

Current mileage reimbursement rate is 65.5 cents per mile.

PAYMENT AUTHORIZATION (Please note by typing your name below, you acknowledge all information provided in this form is accurate.)

Group President*: _____ Date: _____

Group Treasurer*: _____ Date: _____

Committee Chair: _____ Date: _____

****President and Treasurer signatures are required. Forms submitted without both signatures will be returned with the request for the missing***