



The Voice of the Library Community

New York Library Association

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www.nyla.org

REIMBURSEMENT / DISBURSEMENT REQUEST FORM

Group Responsible for Expense: _____

Submitted By: _____

STAFF USE ONLY

ACCOUNT #: _____

APPROVED: _____

CHECK#: _____

DATE: _____

Please fill out the information below exactly as you would like it to appear on the check.

Please provide complete details on the nature of the expenses. Please attach copies all receipts. By submitting this form, you verify that the accompanying receipts have not been altered in any way.

Payable to: _____

This is a (select ONE): Person Institution

Address: _____

City: _____ State: _____ Zip: _____

Date of the event	Name of the event and detail description of the all Travel expenses(included meals and lodging)	Mileage	Subtotal
TOTAL REIMBURSEMENT			\$ _____

Current mileage reimbursement rate and complete reimbursement policies can be found on nyla.org.

PAYMENT AUTHORIZATION

Group Treasurer: _____ Date: _____

Group President: _____ Date: _____

Committee Chair: _____ Date: _____