



REIMBURSEMENT / DISBURSEMENT REQUEST FORM #

Group Responsible for Expense: _____

Submitted By: _____

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:** _____

STAFF USE ONLY	
ACCOUNT #:	_____
APPROVED:	_____
CHECK #:	_____
DATE:	_____

Date of Event	Name of the event and detail description of the all Travel expenses (including 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: _____