



CONNECTICUT LIBRARY ASSOCIATION

234 Court Street • Middletown, CT 06457 • T: 860.346.2444 • F: 860.344.9199

Expense Form 2016-2017

___ Requested Expense ___ Board Approved ___ Conference Expense

Amount: _____ **Date Expense Incurred:** _____

Pay to: _____

Address: _____

A completed W-9 form (available at ctlibraryassociation.org) must be submitted with this form for payments to vendors and speakers (honoraria). When submitting a reimbursement request, a W-9 form is not needed, but please include itemized receipts. For mileage reimbursements, a MapQuest or Google Maps printout showing the distance traveled should be included.

All payment requests must be submitted no later than 30 days from the date that the expense was incurred.

Section, Committee or Individual Incurring Expense: _____

Purpose of Expense: _____

Submitted by (please print): _____ **Date:** _____

Phone: _____ **email:** _____

Signature of Authorizing Section Chair: _____

Please submit this form and all supporting documentation to CLA Treasurer Scott Brill sbrill@biblio.org. Payment will be processed once all required documentation is received.

**Signature of elected Executive Board
Member (other than Treasurer)**

Treasurer Signature

| Office Use Only | |
|--|---|
| <input type="checkbox"/> Reimbursement | <input type="checkbox"/> Payment for Services |
| Account: _____ | # of pages (include the form): _____ |
| Amount Paid: _____ | Check Number: _____ |
| Check Issued Date: _____ | Check Mailed Date: _____ |