



# CONNECTICUT LIBRARY ASSOCIATION

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## 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](http://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](mailto: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: _____