



CONNECTICUT LIBRARY ASSOCIATION

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

Expense Form 2017-2018

Requested Expense

Board Approved/
contracted expense

Annual Conference Expense

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

Pay to: _____

Address: _____

Phone: _____ **email:** _____

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

Reimbursement

Payment for Services

Account: _____

of pages (include the form): _____

Amount Paid: _____

Check Number: _____

Check Issued Date: _____

Check Mailed Date: _____