



EXPENSES FORM
CONNECTICUT LIBRARY ASSOCIATION
 234 Court Street Middletown, CT 06457 Phone: (860)343-2444 Fax: (860) 344-9199

Budget Expense Board Approved Conference Expense

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

Pay To: _____

Address: _____

Soc. Security #: _____ **or Fed. Tax ID:** _____ (W-9 FORM IS REQUIRE IF \$100 OR MORE)

Section, Committee or Individual Incurring Expense: _____

Purpose of Expense:

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

Signature of Authorizing Section Chair: _____

Please submit this form to the CLA Treasurer for approval and obtain the appropriate authorization. If convenient, please present this form to the Treasurer at the CLA Board Meeting. Payment will be processed with all signatures, invoices/or receipts, and W-9 form (if it is applicable) accompanied with this EXPENSES FORM. Contact the CLA Treasurer Alison Wang with any questions at: awang@nvcc.comnet.edu.

Authorized 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: _____