Expense Form 2015-2016

___ 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 (honorariums). 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 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 Nicole Greco (ngreco@ci.milford.ct.us). 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
Account: _________________
Amount Paid: _________________
Check Issued Date: _________________

☐ Payment for Services
# of pages (include the form): __________
Check Number: _________________
Check Mailed Date: _________________