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

☐ Reimbursement.

Account:________________________

Amount Paid:________________________

Check Issued Date:________________________

☐ Payment for Services

# of pages (include the form):________________________

Check Number:________________________________

Check Mailed Date:________________________________