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.commnet.edu.

Authorized 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: _________________