



NEW YORK LIBRARY ASSOCIATION  
The Voice of the Library Community

# REIMBURSEMENT / DISBURSEMENT REQUEST FORM

Updated April 2023

Group Responsible for Expense\*: \_\_\_\_\_

Submitted By\*: \_\_\_\_\_

Please complete all **\*required fields**. We strongly recommend opening the fillable PDF in a browser and typing this information exactly as you would like it to appear on the check. **Complete details on the nature of the expense(s) listed and copies of all receipts should be included with this form.** By submitting this form, you verify that the accompanying receipts have not been altered in any way. **Any forms submitted with illegible information will be returned and required to resubmit.**

Payable To\*: \_\_\_\_\_ This is a(n)  Person  Institution  
(select ONE)

Email\*: \_\_\_\_\_ Phone\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Program	Name of the program and detailed description of the all expenses (including meals and lodging)	Mileage	Subtotal
<b>Total Reimbursement/Disbursement</b>			

Current mileage reimbursement rate is 65.5 cents per mile.

**PAYMENT AUTHORIZATION** (Please note by typing your name below, you acknowledge all information provided in this form is accurate.)

Group President\*: \_\_\_\_\_ Date: \_\_\_\_\_

Group Treasurer\*: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

\*President and Treasurer signatures are required. Forms submitted without both signatures will be returned with the request for the missing signature be provided.