NEW YORK LIBRARY ASSOCIATION
The Voice of the Library Community

REIMBURSEMENT / DISBURSEMENT REQUEST FORM

Updated June 2024

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*:_____ **(select ONE: ☐ Person This is a(n) ☐ Institution**

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
	Total Reimbursement/Disbursement		$ 0.00

Current mileage reimbursement rate can be found here.

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