



### REIMBURSEMENT REQUEST FORM

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

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

STAFF USE ONLY	
ACCOUNT #:	_____
APPROVED:	_____
CHECK#:	_____
DATE:	_____

Please fill out the information below exactly as you would like it to appear on the check.  
Please attach all ORIGINAL receipts.

Payable to: \_\_\_\_\_

This is a (select ONE):  Person  Institution

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

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

EXPENSES			
DATE	TYPE*	DETAILS / NATURE OF BUSINESS	TOTAL
<b>TOTAL REIMBURSEMENT</b>			\$ _____

\*Type: Transportation / Lodging / Meals / Other  
For auto travel please include the departure and destination zip codes. Current mileage reimbursement rate and complete reimbursement policies can be found on nyla.org. Please provide complete details on the nature of the expenses.

PAYMENT AUTHORIZATION	
Group Treasurer: _____	Date: _____
Group President: _____	Date: _____
Committee Chair: _____	Date: _____