



Reimbursement/Request for Payment Form

Complete form and forward with copies of all bills/receipts to:

Michael Aloï
Dowling Library
Dowling College
Idle Hour Blvd.
Oakdale, NY 11769
631.244.3219
aloim@dowling.edu

Payment requested as follows:

Reimbursement Amount: _____

Pay to the Order of: _____

Mail to: (Contact Name) _____
(Company/Library Name) _____
(Street Address) _____
(City, State, Zip) _____

Description: _____

Payment requested by:

Name: _____
Committee/Division: _____
Authorized Signature: _____
Date: _____

Requests received after the 15th of each month may not get paid until the subsequent month

-----**FOR TREASURER'S USE ONLY—DO NOT WRITE BELOW THIS LINE**-----

SCLA Check No: _____ Check Date: _____

Budget Line: _____

Approved: _____

01/2008