



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
TOTAL REIMBURSEMENT			\$ _____

*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: _____