



# Suffolk County Library Association

## REIMBURSEMENT / DISBURSEMENT REQUEST FORM

Group Responsible For Expense: \_\_\_\_\_

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

Please fill out the information below exactly as you would like it to appear on the check. Please provide complete details on the nature of the expenses. Please attach copies of all receipts. By submitting this form, you verify that the accompanying receipts have not been altered in any way.

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

This is a  Person  Institution

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

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

Date Of The Event	Detail Description Of Expenses	Subtotal
Total Reimbursement		\$

### Payment Authorization

Division Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

Division President: \_\_\_\_\_ Date: \_\_\_\_\_

SCLA President: \_\_\_\_\_ Date: \_\_\_\_\_

### SCLA TREASURER USE ONLY

Date Approved: \_\_\_\_\_ Check #: \_\_\_\_\_ Signature: \_\_\_\_\_