



NEW YORK LIBRARY ASSOCIATION
The Voice of the Library Community

REIMBURSEMENT / DISBURSEMENT REQUEST FORM

Updated April 2023

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

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			

Current mileage reimbursement rate and complete reimbursement policies can be found on nyla.org.

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 signature be provided.*