



CONNECTICUT LIBRARY ASSOCIATION

234 Court Street • Middletown, CT 06457 • T: 860.346.2444 • F: 860.344.9199

Expense Form 2018-2019

___ Requested Expense ___ Board Approved Conference Expense Monthly Budgeted Expense

Amount: _____ **Date Expense Incurred:** _____

Pay to: _____

Address: _____

Phone: _____

Email: _____

A completed W-9 form (available at ctlibraryassociation.org) must be submitted with this form for payments to vendors and speakers (honoraria). When submitting a reimbursement request, a W-9 form is not needed, but please include itemized receipts. For mileage reimbursements, a MapQuest or Google Maps printout showing the distance traveled should be included.

All payment requests must be submitted no later than 30 days from the date that the expense was incurred.

Section, Committee or Individual Incurring Expense: _____

Purpose of Expense: _____

Submitted by (please print): _____ **Date:** _____

Phone: _____ **email:** _____

Signature of Authorizing Section Chair: _____

Please submit this form and all supporting documentation to CLA Treasurer Kristina Edwards kedwards@ccsu.edu. Payment will be processed once all required documentation is received. **All checks will be mailed directly to recipient. If you require a specific date or delivery method, please notify the CLA office at 860.346.2444**

Signature of elected Executive Board Member (other than Treasurer)

Treasurer Signature

Office Use Only	
<input type="checkbox"/> Reimbursement	<input type="checkbox"/> Payment for Services
Account: _____	# of pages (include the form): _____
Memo: _____	Check Number: _____
W-9 received	Check Mailed Date: _____