



55 North Main St, Unit 49 • Belchertown, MA 01007 • T: 860.346.2444

Expense Form

Requested Expense Committee or Section Board Approved Monthly Budgeted Expense CLA Annual Conference Expense

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

Pay to: (this will be printed on check) _____

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.

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

Phone: _____ **email:** _____

Section/Committee Category To Pay Expense: _____

Purpose of Expense: _____

Signature of Authorizing Board Member: _____

Please submit this form and all supporting documentation to CLA Treasurer treasurer@ctlibraryassociation.org. 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: _____
<input type="checkbox"/> W-9 received	Check Mailed Date: _____