Arkansas Library Association

State Chapter

Personal Reimbursement Request

Date of Request	Payable to: (include full mailing address)

Purpose / Event

Itemization of Expense(s)

Date	***Description***	***Amount***

TOTAL _____

ATTACH RECEIPT FOR EACH EXPENSE ***

(Alcohol purchases excluded)

_____
Requester's Signature

_____
Approved By

To be completed by Remitter

Date Paid	*Check No.*	*Amount Paid*	

Rev. 12/10

Mail To:

Arkansas Library Association
PO Box 958
Benton, AR 72018

*** Mileage based on current IRS approved rate.
No receipts required for cash tips.