Arkansas Library Association							
State Chapter							
Personal Reimbursement Request							
Date of Request Payable to: (include full mailing address)							
Purpose / Event							
			Itemization	of Expense			
Date	Description				Amount		
	$\neg$						
						_	
						-	
TOTAL							
TOTAL							
ATTACH RECEIPT FOR							
EACH EXPENSE *** Requester's Signature							
(A	(Alcohol purchases excluded)						
			Approved By				
To be completed by Remitter  Date Paid Check No. Amount Paid							
Date Pa	~	CHECK NO.	Amount Paid	I			
			1	I			
			1	I			
			•			Rev. 12/10	
Mail to: Arkansas Library Association							
PO Box 3821							
Little Rock, AR 72203							
	Little	110011, 1111 /22	.00				

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