



**Idaho Library Association**  
**P.O. Box 8533**  
**Moscow, ID 83843**

## 2010 Expense Reimbursement Request

Please use this form for *expenditure reimbursements* which fall within an approved budget. Prior approval must be secured from the current ILA President before any expenditure is made which will exceed budgeted amounts for a committee, division, program or other budget category. Forms not completed in full will be returned.

Date: \_\_\_\_\_

**NOTE: Receipts MUST be attached for reimbursements.**

Name: \_\_\_\_\_

Check one:  Officer     Chairperson

Expense and justification: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|   |
|---|
| <p><b>Category to be charged:</b></p> <p><input type="checkbox"/> Idaho Librarian      <input type="checkbox"/> Executive Board</p> <p><input type="checkbox"/> Committee              <input type="checkbox"/> Dues and Liaisons</p> <p><input type="checkbox"/> Miscellaneous        <input type="checkbox"/> Divisions</p> <p>                                    <input type="checkbox"/> Special Funding</p> <p><b>Subcategory (i.e. name of division):</b> _____</p> <p>_____</p> <p>_____</p> <p><b>Amount: \$</b> _____ <b>Needed by:</b> _____</p> |
|---|

|   |
|---|
| <p><i>(Treasurer Use Only)</i></p> <p>Approved by:</p> <p>Treasurer: _____</p> <p>Date: _____</p> |
|---|

**Make check payable to** (please print or type):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

*For reimbursement, please send this completed form, with attached documentation, to the treasurer:*

Steve Poppino, ILA Treasurer  
 CSI Library  
 PO Box 1238  
 Twin Falls, ID 83303-1238