

Hawai'i Library Association Reimbursement Request

Payee:
Address:

HLA Position:
Phone:
Date:

LIST EACH EXPENSE, GIVE REASON & AMOUNT, CALCULATE TOTAL, ATTACH ALL RECEIPTS/INVOICES

Expense (be specific):	Reason:	Amount:
1.	>	\$
2.	>	\$
3.	>	\$
4.	>	\$
		Total \$

Give to the Treasurer or mail to: Hawai'i Library Association, PO Box 4441, Honolulu, HI 96812-4441

FOR OFFICE USE ONLY

Approved:	Date: Check No: Amount: \$	Typical expenses: copying, dues, fees, food, leis, postage, printing, refreshments, rental, speaker, supplies, travel. Typical reasons: accounting, administration, award, committee or section meeting, conference, newsletter, other publication, program support.
-----------	----------------------------------	--