

PAYMENT REQUEST FORM

Today's Date:
Date of Expense:

Total Expense(s):
Description of Expense(s):

Payee:
Payee's Social Security Number(*required for checks in excess of \$500*):
Address:

Requested by:
Authorized by (Conference committee chairperson's signature):

Amount and type of expense
\$ _____ . _____ Speaker Fees
\$ _____ . _____ Air Travel
\$ _____ . _____ Rail Travel
\$ _____ . _____ Mileage (@.500)
\$ _____ . _____ Copies or Printing
\$ _____ . _____ Misc. Expense
\$ _____ . _____ Supplies
\$ _____ . _____ Other

Please indicate where expense is to be charged:

\$ _____ . _____ Annual Conference	\$ _____ . _____ Para-librarian
\$ _____ . _____ Youth Services	\$ _____ . _____ Technical Services
\$ _____ . _____ Personnel and Education	\$ _____ . _____ Other
\$ _____ . _____ Newsletter	\$ _____ . _____ Nominating
\$ _____ . _____ Education	\$ _____ . _____ Executive Board
\$ _____ . _____ Membership	\$ _____ . _____ Office
\$ _____ . _____ Intellectual Freedom	\$ _____ . _____ Public Relations
\$ _____ . _____ Jordan Miler	\$ _____ . _____ Legislative

Attach receipts and submit the completed form to: MLA, PO Box 813,
Carlisle, MA 01741

Paid on _____ Check# _____
Treasurer's Approval _____ Date: _____