

Nursing And Allied Health Resources Section (NAHRS)

Request for Reimbursement of Expenses / Payment of Invoice Form

Print and complete form. Send with documentation to the Treasurer at the address below:

Authorization

Original authorizing email attached

Authorization not obtained. Explain:

Type of Disbursement (send original, keep photocopy)

Reimburse expense (**Attach receipt and/or documentation.**) Amount: \$ _____

Pay invoice. Amount: \$ _____

Issue check (ONLY for Annual meeting speaker honoraria, awards, scholarships, or donations)

Amount: \$ _____ **Copy of contract or letter of agreement attached**

Date approved by NAHRS Executive Board at MLA Annual Meeting: _____

Disbursement Category: (for MLA's Annual Financial Statement) :

Newsletter \$ _____	NAHRS Annual Mtg. Speaker: \$ _____	Mental Health SIG Annual Mtg. Speaker : \$ _____	AV Equipment \$ _____
Food/Beverage \$ _____	Printing: \$ _____	Postage: \$ _____	Telephone: \$ _____
Librarian of the Year: \$ _____	Other Awards/Scholarships (Specify Fund): \$: _____	Contributions/Donations (Specify Fund): \$ _____	NAHRS Officer MLA Annual Conf One hotel night \$ _____

Other Disbursements

(Specify purpose):

\$ _____

Requester: _____

Requester's email and phone: _____

Office, Committee, or Function: _____

Total amount requested: _____ Details (include date of receipt or invoice, vendor name, item(s) or service) :

Date: _____ Requester's signature: _____

Make check payable to: _____

Send check to: (provide name and address):

Mail form to: NAHRS Treasurer. Plus send the NAHRS Treasurer notice of mailing date and summary of reimbursement form and details via email. Name and address of NAHRS Treasurer will be found at:

<http://nahrs.mlanet.org/home/officers>

(Rev. 6/2011 knc)