

## 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.	>	\$
		<b>Total \$</b>

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: \$	<b>Typical expenses:</b> copying, dues, fees, food, leis, postage, printing, refreshments, rental, speaker, supplies, travel. <b>Typical reasons:</b> accounting, administration, award, committee or section meeting, conference, newsletter, other publication, program support.
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