

# Chapter Reimbursement Request

Prepare original and one copy of this form. Attach **original** receipts such as airline ticket stubs, hotel bills, invoices, etc. to the form. A request for an honorarium must include the person's social security number.

ACRL fiscal year runs from September 1 to August 31. All requests for payment must be submitted **before August 15** of the current fiscal year.

Chapter: \_\_\_\_\_

Purpose of the expense\*: \_\_\_\_\_

\*ACRL Chapters may spend budgeted resources on any items or activities that support the charitable and educational purposes of ACRL's strategic goals as identified in the strategic plan with two exceptions. 1) The allotted funds may not be used for payment of honoraria or travel to support librarians' presentations at ALA, ACRL, or ACRL chapter conferences and 2) The allotted funds may not be used to purchase goods or services prohibited by ALA and ACRL policy.

~ Source: ACRL Board, April 2006

Itemized expenses:

| Date        | Item | Amount | Budget Line Charge<br>(ACRL office use only) |
|-------------|------|--------|--|
|             |      |        |  |
|             |      |        |  |
|             |      |        |  |
|             |      |        |  |
|             |      |        |  |
| Total _____ |      |        |  |

Please check if original receipts could not be included, and state reason.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Make check payable to: \_\_\_\_\_

Send check to:

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

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

City, State, Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I confirm that this expense qualifies as an educational or charitable expense under Section 501 (c)3 of the Internal Revenue Code.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Chapter Chairperson

Send completed form and **original** receipts to:

Reimbursement Request  
ACRL/ALA  
50 East Huron Street  
Chicago, IL 60611-2795