

# 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/Committee/Section committee: \_\_\_\_\_

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

Itemized expenses:

Date	Item	Amount	Budget Line Charge (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: \_\_\_\_\_

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

Chapter/Committee/Section committee Chairperson

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

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