

Colorado Association of Libraries
 Reimbursement / Payment Request Form
 (Please attach receipts)

Submitted By _____ Purpose: _____

Budget or Billing Category: _____ BudgetLine Item _____

Is this within your current (board approved) budget?: _____ Yes _____ No

	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
DATE								
PARKING								
LODGING								
TRAVEL MEALS								
SUPPLIES								
PRINTING								
AUTO MILEAGE								
OTHER								
							FINAL TOTAL	

Signature: _____ Date: _____

(Form updated May 5, 2015)

Send completed form to:
 Colorado Association of Libraries
 12011 Tejon St. Suite 700
 Westminster, CO 80234
 Or
 Fax to: 303.458.0002

Make Check Payable To: _____
 Address to send check to:

For Event Catering or similar payment required items (include invoice)
 Pay by CAL CC To: _____
 PaymentContact: _____
 Phone: _____ Fax: _____