

# PAYMENT REQUEST FORM

Today's Date:

Date of Expense:

Total Expense(s):

Description of Expense(s):

Payee:

Payee's Social Security Number(*required for checks in excess of \$500*):

Address:

Requested by:

Authorized by (Conference committee chairperson's signature):

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Amount and type of expense

\$ \_\_\_\_\_ . \_\_\_\_\_ Speaker Fees  
\$ \_\_\_\_\_ . \_\_\_\_\_ Air Travel  
\$ \_\_\_\_\_ . \_\_\_\_\_ Rail Travel  
\$ \_\_\_\_\_ . \_\_\_\_\_ Mileage (@.500)  
\$ \_\_\_\_\_ . \_\_\_\_\_ Copies or Printing  
\$ \_\_\_\_\_ . \_\_\_\_\_ Misc. Expense  
\$ \_\_\_\_\_ . \_\_\_\_\_ Supplies  
\$ \_\_\_\_\_ . \_\_\_\_\_ Other

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Please indicate where expense is to be charged:

\$ _____ . _____ Annual Conference	\$ _____ . _____ Para-librarian
\$ _____ . _____ Youth Services	\$ _____ . _____ Technical Services
\$ _____ . _____ Personnel and Education	\$ _____ . _____ Other
\$ _____ . _____ Newsletter	\$ _____ . _____ Nominating
\$ _____ . _____ Education	\$ _____ . _____ Executive Board
\$ _____ . _____ Membership	\$ _____ . _____ Office
\$ _____ . _____ Intellectual Freedom	\$ _____ . _____ Public Relations
\$ _____ . _____ Jordan Miler	\$ _____ . _____ Legislative

Attach receipts and submit the completed form to: MLA, PO Box 230813, Boston, MA 02123

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Paid on \_\_\_\_\_ Check# \_\_\_\_\_

Treasurer's Approval \_\_\_\_\_ Date: \_\_\_\_\_