



PEG STATEMENT OF EXPENSES
2007/2008

Date Expense Incurred: _____ PEG Amount: _____

Pay To: _____ Social Security Number: _____

Address: _____

Purpose of Expense: _____

Submitted By (Signature) _____ Phone: _____ E-Mail: _____

Please forward this form and relevant receipts (payment will not be made without receipts) to:

Peter Ciparelli, PEG Chair
c/o Public Library of New London
63 Huntington Street
New London, CT 06320
860-447-1411 fax:860-443-2083
e-mail: peterc@lioninc.org

PLEASE DO NOT WRITE BELOW THIS LINE, FOR THE USE OF THE PEG COMMITTEE

Endorsed By (Signature of PEG Chair): _____

Authorizing signature of Elected Executive Board Member: _____

Account:

Date Paid:

Check #:

Amount:

Date Mailed:

Date Recorded:

Reimbursement _____ Payment for Services _____