



STATEMENT OF EXPENSES
CONNECTICUT LIBRARY ASSOCIATION

Board Approved

Budgeted Expense

Amount: _____ Date Expense Incurred: _____

Pay To: _____

Address: _____

Soc. Security #: _____ or Fed. Tax ID: _____ (REQUIRED IF \$200 OR MORE)

Section, Committee or Individual Incurring Expense: _____

Purpose of Expense:

Submitted by: (please print) _____ Date: _____ Phone: _____

Signature of authorizing Unit Chair: _____

Unit Chairs: Please submit this form to the CLA Treasurer for approval and to obtain the appropriate authorization. If convenient, please present this form to the Treasurer at the monthly CLA Board Meeting. Payment will then be processed by the CLA Office.

**Authorized signature of Elected Executive
Board Member (other than Treasurer)**

Treasurer's Initials

All **signatures**, invoices **and**/or receipts **MUST** accompany this form. Payment will not be made otherwise. Please email Jan Fisher with any questions at: jfisher@bridgeportpubliclibrary.org

Reimbursement Payment for Services

| Office Use Only | |
|------------------|--------------------|
| Account: _____ | Amount: _____ |
| Date Paid: _____ | Date Mailed: _____ |
| Check # _____ | |