

**NLA Conference 2005  
Request for Reimbursement**

Send **two** (copies) of Completed Form along with original receipts, a copy of receipts and a copy of attached confirmation letter to:

Mary Lohnes  
Washoe County Library  
Reference Department  
301 S Center Street  
Reno, NV 89501

Date: \_\_\_\_\_

Office/Function Name: \_\_\_\_\_

Name of Person Submitting Request: \_\_\_\_\_

Itemization of Expenditure

Amount of Each Expenditure

TOTAL REIMBURSEMENT REQUESTED: \_\_\_\_\_

Attach receipts for ALL expenditures.

Make Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

For NLA Office use:

Finance Chair Approval:

Treasurer Paid:

Date:

Check#