

**NLA Conference 2006
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 St.
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#