

# NLA REQUEST FOR REIMBURSEMENT

Send two (2) copies of this completed form along with the original receipts and a copy of the receipts to:

John Crockett NLA, Finance Chair  
Incline Village Library  
845 Alder Ave.  
Incline Village, NV 89451  
Email: [jcrockett@washoecounty.us](mailto:jcrockett@washoecounty.us)  
Fax: 775-832-4180

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

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

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

<u>Itemization of Expenditure</u>	<u>Amount of Each Expenditure</u>
-----------------------------------	-----------------------------------

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

Attach receipts for **ALL** expenditures.

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

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

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

For NLA Office Use:

FINANCE CHAIR APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

TREASURER PAID: \_\_\_\_\_ DATE: \_\_\_\_\_ CHECK #: \_\_\_\_\_