

NLA SCHOLARSHIP REQUEST FOR REIMBURSEMENT

Please send **two** copies of the completed form to:

John Crockett – NLA Finance Chair
Incline Village Library
845 Alder Ave.
Incline Village, NV 89451

Date: _____

Name of person submitting request: _____

Amount of original award: \$_____

Tuition payments:	\$_____
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Expenditures for textbooks and other required course resources:	\$_____
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Total reimbursement requested:	\$_____
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Please attach original receipts (make copies of receipts for your own records).
Please note: For reimbursement of class materials other than textbooks, a copy of the course syllabus must be attached to this form to verify that the items were required by the instructor.

Please make reimbursement check payable to:

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Finance Chair approval: _____ Date: _____

Treasurer paid (amount): _____ Date: _____

Treasurer signature: _____