



Section Reimbursement Request Form

Please prepare this form and make one copy to keep for your records. Tape **original** receipts, such as airline ticket stubs, hotel bills, invoices, etc. to a separate sheet of paper then attach to this form. A request for an honorarium must include the person's social security number.

The ACRL fiscal year runs from September 1 to August 31. All requests for payment must be submitted **before August 15** of the current fiscal year.

Section: _____ Purpose of Expenses: _____

Make check payable to: _____

Mail check to

Name: _____

Street: _____

City/State/Zip: _____

E-mail Address: _____ Phone: _____

If your reimbursement request includes an honorarium, please provide your social security number or federal tax ID number (*This is required by the IRS to provide honorarium*): _____

Itemized Expenses

Date	Item	Amount	Budget Line Charge (ACRL office use only)

TOTAL: _____

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Please check if original receipts could not be included and state reason below.

Please note expenses without required documentation may not be reimbursed.

Approved by: _____
Section Chairperson

Date: _____

Submit this completed form and original receipts to ACRL at the address listed in the header.