



PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name _____

BOD Position _____

Address _____

City/Zip _____

Telephone (_____) _____ Email _____

Expenditure was for: _____

List Expenditures: _____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
TOTAL EXPENSE \$ _____

Total Amount Claimed From Above \$ _____
Minus Advance Received \$ _____
Reimbursement Claimed \$ _____
Not claimed - donate to NLL \$ _____
Refund to NLL (Enclose Check) \$ _____

Signature _____ Date _____

FOR NLL TREASURER USE:

Membership-approved activity Funds released by membership
Executive Board-approved expenditure

Check Number	Category	Amount Advanced	Expenses	Amount Owed or Due
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President's signature: _____ Date: _____

Date approved in minutes: _____ Secretary's signature: _____