

# REQUEST FOR REIMBURSEMENT OR SUBMISSION OF CREDIT CARD CHARGE

Please sign and attach all receipts and/or invoices

Friends of the Library

The undersigned certifies that these purchases and/or expenses were necessary to effectively and efficiently carry out a program or activity of the Friends of the BARLD and that the nature of such purchases and/or expenses incurred did not in any manner result in a personal benefit to the claimant. If this is a claim for reimbursement, claimant further certifies that the cost of such items has been fully paid as evidenced by receipts attached hereto. If this is a credit card charge, attach receipts. Reimbursements and credit card charges must be within approved FOL budget. Requests for reimbursement or credit card charges that exceed approved budget require board approval.

Reimbursement Amount: \_\_\_\_\_ or Credit Card Payment Amount: \_\_\_\_\_

Items Purchased or Charged: \_\_\_\_\_

Vendor or place of purchase/charge: \_\_\_\_\_

Purchases made on behalf of: \_\_\_\_\_  
(Committee involved/related to budget item)

Date(s): \_\_\_\_\_

If more than one request form is being combined this is request # \_\_\_\_\_ of \_\_\_\_\_

Requested or charged by: \_\_\_\_\_

Check to be payable to: \_\_\_\_\_

Payment authorized by: \_\_\_\_\_ Title \_\_\_\_\_  
(Signature of Committee Chair or other authorized individual certifies expense is within approved budget or if exceeds budget, board approval was received. Provide date approval was received.)

\_\_\_\_\_  
Signature of Treasurer, President or Vice President (President or Vice President must sign for reimbursements or credit card charges made by Treasurer)

## For internal records:

Date paid: \_\_\_\_\_ Check # \_\_\_\_\_ or Bank Bill Pay # \_\_\_\_\_ or Credit Card Charge \_\_\_\_\_

Total amount \_\_\_\_\_ Account # \_\_\_\_\_ Class \_\_\_\_\_

Total amount \_\_\_\_\_ Account # \_\_\_\_\_ Class \_\_\_\_\_