

**MHSLA
Reimbursement/Payment Request Form**

Print and submit this form with receipt or invoice to the MHSLA treasurer.

Type of request:

- Reimbursement (attach receipt)
 - Reimbursement to:
 - Address:

- Payment to vendor (attach invoice)
 - Vendor name:
 - Vendor address:
 - Date of Expenditure:
 - Amount (attach receipt or invoice): \$
 - Function for which reimbursement or payment requested (check one):
 - Newsletter
 - Annual Conference. Conference
Year? _____
 - Committee Expense. Committee
name? _____
 - Other (specify) _____

Brief explanation of expenditure:

Requested by:
MHSLA position:
Address:
Phone:
Date:

TREASURER USE ONLY:

If paid by check:

Check Number: _____

Dated: _____

If paid by Debit Card:

Confirmation Number: _____

Date: _____