



Reference and User Services Association
A division of the American Library Association

50 E. Huron St. Chicago, IL 60611

1.800.545.2433 (phone) (312) 280-5273 (fax)

Member Reimbursement Form

Members authorized for reimbursement must use this form for reporting authorized expenses. Please print or type. Attach and clearly label all receipts to separate sheets of paper. **Note: Check will be made payable to the name listed below and mailed to the address listed below.** Mail this form with necessary receipts to: **ALA/RUSA, ATTN: Member Reimbursement, 50 EAST HURON STREET, CHICAGO, IL 60611**

Today's Date: _____

Name

Mailing Address

City, State, Zip

Daytime Phone

E-mail Address

Meeting: _____

DATE:										AMOUNT
Air Travel										
Ground Transportation (including taxis)										
Car Mileage (@ \$.54 per mile)										
Hotel										
Meals (save receipts if not on per diem).										
Speaker Honorarium (SS# required below)										
Other (explain below)										
SUBTOTAL:										
LESS PERSONAL EXPENSES CHARGED TO HOTEL BILL: (if any)										
TOTAL REIMBURSEMENT REQUESTED:										

Social Security Number (REQUIRED for honorarium): _____

Explanation of "Other" Expenses: _____

Original Receipts Required. Please ensure that the total amount you are requesting is clearly backed up with receipts or other documentation, otherwise the form may be returned to you for correction. This may delay payment.