

Maryland Library Association
Request for Payment/Reimbursement Form
(Financial Transaction Record Form # 2)

Submit to MLA office
Attach all supporting data: bills, invoices, receipts, etc.

Amount \$ _____ Date: _____

Check payable to: _____

Mailing Address: _____

Reason for expense: (please indicate which program, if applicable)

Requested by: _____

Approved by: _____

Please retain a copy of supporting data for your own records.

Submit form to MLA office
1401 Hollins Street
Baltimore, MD 21223

Office use:
