

MARYLAND LIBRARY ASSOCIATION
FINANCIAL TRANSACTION FORM

SUBMIT TO MLA OFFICE
ATTACH ALL SUPPORTING DATA, BILLS, INVOICES, RECEIPTS, ETC.
(Circle 1 or 2)

1.
DEPOSIT FORM:

Date of Activity: _____ Sponsoring Unit: _____

Title of Activity: _____

Submitted by: _____ Email _____

AMOUNT \$ _____ DATE _____

2.
REQUEST FOR PAYMENT/REIMBURSEMENT

Check Made Payable to: _____

Address: _____

Reason for expense: (Please indicate program title, if applicable)

Submitted by: _____ Email: _____

Division/Interest Group/Committee _____

Please retain copies of all supporting data for your records.

SUBMIT FORM TO MLA OFFICE
1410 HOLLINS STREET
BALTIMORE, MD 21223

Office use:

