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:_________________________ 2014-2015