

Academic Library Association of Ohio Request for Reimbursement

Note: All requests for reimbursement should be submitted to the Treasurer in the appropriate fiscal year (July - June), preferably within 30 days of the expense. June expenses may be submitted through July 30 of the subsequent fiscal year.

Name: _____

Address: _____

Email: _____ Phone: _____

ALAO Unit: _____

Activity: _____

Total refund requested (Please itemize below and attach receipts.) _____

Account Code	Expense Type (e.g. postage, meals, copies, phone, supplies, airfare)	Amount	Notes:

To determine the account code(s):

- Consult the current budget (A.8.2) under Expenses** for the type of activity and expense type. The code will begin S5 and continue from there. All expenses have an "x" in the account code.
- If the budget lists and account code with "..."** your ALAO activity is approved for several expense types. Please use the following common "x" categories to properly code your expense. If you need further assistance, please contact the Treasurer.

xac	occasional labor	xl	group meals/rooms/arrangements
xc	indiv. travel/meals/entertainment	xn	printing/copying
xd	supplies	xp	postage
xel	equipment lease	xqf	fees
xh	phone	xsv	professional services
xk	honoraria	xv	registration

Your signature: _____ Date: _____

Treasurer signature: _____ Date: _____