

Payment Request Expense Reimbursement Form

This form should be used for reimbursement of expenses incurred on behalf of the chapter and to request payments of speaker fees, contracts or other chapter bills and expenses. Reimbursement is limited to expenses within chapter policy. Reimbursement forms must be submitted within 30 days of incurring the expense, and the original receipts must be submitted with the reimbursement form. Expenses submitted after 30 days will not be reimbursed. (Copies of firm disbursement reports are not considered receipts.)

Make check payable to:				
Send check to:				
Name				
Firm				
Address				
City		State	Zip	
When making a payment to a partnership or individual, please submit the tax identification number: Payee Social Security Number or EIN				
Requested b	oy	Date	(mm/dd/yyyy)	
Date	Date Description (If submitting meeting expenses, please identify committee and list participation)		Amount	Internal Use Only (Account Number)
		Total		
	fax or e-mail the completed report, upporting documentation, to:			I
ALANYC		Internal Use Only		
PO Box 4468 New York, N		Approved by		
646.759.8995		Date Paid		
info@alanyc.org		Check #		