



REIMBURSEMENT REQUEST  
AND  
INVOICE FOR SERVICES

TO: ATTN: NJLA TREASURER  
NEW JERSEY LIBRARY ASSOCIATION  
P.O. BOX 1534  
TRENTON, NJ 08607

DATE \_\_\_\_\_

FROM (Print name) \_\_\_\_\_

POSITION IN NJLA \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PURPOSE AND AMOUNT FOR WHICH REIMBURSEMENT IS SOUGHT.  
PLEASE ATTACH RECEIPTS.

TOTAL DUE \$ \_\_\_\_\_

CHECK MADE PAYABLE TO (please print)

NAME \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_