YALS General Expense Form

SEND FORM AND RECEIPTS TO:

(Receipts, authorized signatures, and W9 (if applicable) are required for check to be processed)

YALS Treasurer, Donna Hynes, c/o Rochester Public Library, 65 South Main Street, Rochester, NH 03867
Allow 4 weeks for check processing.

Report Submitted By:________________________ YALS Committee/Board Position:________________________

Check Payable To:________________________________________________________

Address To Send Check:_____________________________________________________

City:________________________________ State:______ Zip:____________

________________________________________________________

Amounts for:

Total Mileage:_________miles @ .40/mile________________________$____________ Date of Travel:__________

{Miles From:_________________________ To:_________________________} Round Trip ☐

{Miles From:_________________________ To:_________________________}

Description of Mileage Expense:__________________________________________

Other Travel (specify)_________________________ $________ Date:____________

Other (specify)_________________________ $________ Date:____________

Other (specify)_________________________ $________ Date:____________

Other (specify)_________________________ $________ Date:____________

Other (specify)_________________________ $________ Date:____________

Other (specify)_________________________ $________ Date:____________

Other (specify)_________________________ $________ Date:____________

Today’s Date:____________________________________ Total Expense: $____________

YALS Office Use Only

Authorized by Board on(date):________________________

Paid On Check #:________________________ Date:________________________

Treasurer Approval:________________________ Date Check Mailed:________________________