

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: _____

Today's Date: _____ **Total Expense: \$** _____

YALS Office Use Only

Authorized by Board on (date): _____

Paid On Check #: _____ Date: _____

Treasurer Approval: _____ Date Check Mailed: _____