

# YALS Program Expense Form

**SEND FORM AND RECEIPTS TO:**

(Receipts, authorized signatures, and W9 (if total expenses exceed \$600) are required for check to be processed)

YALS Treasurer, Donna Hynes, c/o Rochester Public Library, 65 South Main Street, Rochester, NH 03867

Travel costs for speakers are not paid in advance.

Program Title: \_\_\_\_\_

Date Presented: \_\_\_\_\_

Report Submitted By: \_\_\_\_\_ YALS Committee/Board Position: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Address To Send Check: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Amounts for:**

Speaker Fee..... \$ \_\_\_\_\_

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: \_\_\_\_\_

**Total Expenses: \$ \_\_\_\_\_** Submit W9 with this form if total expenses exceed \$600 (download at [irs.gov/pub/irs-pdf/fw9.pdf](https://irs.gov/pub/irs-pdf/fw9.pdf))

Check Needed Prior to Conf.  At Conf.  After Conf.

(Allow 4 weeks for check processing)

Approved by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

*YALS Office Use Only*

Authorized by Board(Date): \_\_\_\_\_

Paid On Check #: \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer Approval: \_\_\_\_\_ Date Check Mailed: \_\_\_\_\_