

**OREGON LIBRARY ASSOCIATION  
EXPENDITURE REIMBURSEMENT REQUEST FORM (ERRF)**

Date:

Make Payable To:

Address:

Phone Number:

Fax:

Committee:

Authorized By:

Budget Line to be used for expenditure:

Each request must be authorized by the appropriate committee or round table chair, division president, or the OLA President or Treasurer. Requests without an appropriate signature will be referred back to the committee, round table or division. This can result in significant delay in processing payment.

**CHECK APPLICABLE CATEGORIES AND ENTER AMOUNT IN EACH. PLEASE REMEMBER TO ATTACH RECEIPTS.**

X	Category	Amount	To Lobby Public Opinion?	To Lobby Legislative Body?
	Supplies			
	Postage			
	Printing			
	Travel: If mileage for OLA member, use formula: total round trip _____ miles minus 100 = reimbursable _____ miles @current IRS business mileage rate			
	Other (describe):			
	<b>Total</b>	\$		

**Submit to:**

Shirley Roberts  
Oregon Library Association  
PO Box 3067  
La Grande OR 97850  
Phone: (541) 962-5824  
Fax: (541) 962-3335  
sroberts.ola@gmail.com

**Questions or Problems:**

Stephanie Lind  
OLA Treasurer  
Washington County Co-op Library Serv  
Phone: (503) 681-5090  
stephaniel@wccls.org