



Reimbursement / Request for Payment Form

Complete form and forward with copies of all bills and/or receipts to:

Celia Ann Vollmer, Treasurer
C/O Brentwood Public Library
34 Second Avenue
Brentwood, New York 11717
Email cvollmer@suffolk.lib.ny.us

Payment request as follows:

Reimbursement Amount: _____

Pay to the Order Of: _____

Mail to: (Contact Name) _____

(Company / Library Name) _____

(Street Address) _____

(City, State, Zip) _____

Description:

Payment Requested by:

Name: _____

Committee / Division: _____

Authorized Signature: _____

Date: _____

Requests received after the 15th of each month may not get paid until the subsequent month

****FOR TREASURER'S USE ONLY -- DO NOT WRITE BELOW THIS LINE****

SCLA Check Number: _____ Check Date: _____

Budget Line: _____ Approved: _____