



WEST VIRGINIA LIBRARY ASSOCIATION
For the Advancement of Library Service and Librarianship
Established 1914

VOUCHER FOR REIMBURSEMENT/PAYMENT
(MUST BE SUBMITTED WITHIN 30 DAYS OF DATE INCURRED)

Payable To:

NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

DATE INCURRED	DESCRIPTION PURPOSE	ACCOUNT Office use only	TOTAL

Amount covered by Library or individual (Not included in WVLA Total) \$ _____ Total \$ _____

SUBMITTED BY: _____ DATE: _____

POSITION/COMMITTEE: _____

APPROVED BY: _____ DATE: _____

TREASURER'S USE ONLY

CHECK NO. _____

DATE: _____

RETURN TO

Sarah Mitchell, WVLA Treasurer
Kanawha County Public Library
sarah.mitchell@kanawhalibrary.org
phone: 304-343-4646 x1246