



St. Louis Medical Librarians
Request for Reimbursement

Please mail, fax or hand deliver to the SLML Treasurer. Include invoices and/or originals or photocopies of your receipts. SLML Treasurer contact information is available at <http://www.slml.org/board.htm>. Fax number is listed in SLML Directory.

Committee: _____

Date: _____

Program or activity: _____

Program/activity date: _____

Description of expenses:

Please make check payable to:

Full address to send payment to:

Check #

Date paid: