



Special Libraries Association

**BIOMEDICAL AND LIFE SCIENCES DIVISION
Committee Expenses**

**Send to current Treasurer, along with original dated receipts,
within 5 working days of event or activity.
Please print.**

Name _____

Postal Code _____

Address _____

Country _____

City, State/Province _____

Purpose _____

Date	Program or Project	Cost	Explanation*

*Continue on back of form if necessary.

Grand Total: _____

Statement of Advance		
	Date	Amount
Balance on hand from previous voucher		
Plus advance received		
Subtotal		
Less this expense voucher		
Balance on hand this date		

I hereby certify that the above is a true and accurate statement of expenses incurred.

Signature: _____

Office use only: Paid by check _____ on _____