

AILA
Georgia-Alabama Chapter
Reimbursement Request Form
Submit to Chapter Treasurer
treasurer@ga-al.com

Date Submitted: _____ **Please Note: Reimbursement requests must be submitted within
Thirty (30) days of the date on the receipts or invoices. Please give us 30
days to process your request.**

Payee Name: _____ AILA Member# _____

Payee Address: _____ Phone: _____

E-Mail Address: _____

Description of Expense: _____

Total Amount: \$ _____ Please attach scanned versions of receipts. Save **original**
itemized receipt (s) in case they are needed for verification.

Name of Firm/Organization/Committee _____

Chapter Executive Committee Member's Approval Signature: _____ Date: _____

Exec. Comm. Member's Name: _____ Title: _____

Exec. Comm. Member's Contact Phone: _____ E-mail: _____

**I affirm that this request for reimbursement is truthful and is for funds used in my capacity as an AILA member and I
have not nor will I seek reimbursement from any other source.**

Payee / Employee Signature _____ Date _____

Processed By: _____ Date: _____ Approved By : _____ Date: _____

Date Submitted to
Treasurer: _____ Check # _____ Check Issued Date : _____

Check Sent via _____ Date: _____

