



HSLIC

Maine Health Science Libraries Information Consortium



Check Request

Date: _____

Check payable to: _____

Address: _____

Check Amount: _____

Travel is reimbursed at \$.36 per mile, NOT at the current IRS rate.

Explanation of expenses (travel expenses should include date of travel):

Examples of expenses that may be reimbursed: travel to Board meetings; gifts approved by the Board; other approved purchases made on behalf of HSLIC. *A receipt should accompany a purchase reimbursement.*

Send to:

**HSLIC Treasurer
211 Marginal Way, #245
Portland, ME 04101**

Check requests should be submitted to the Treasurer within one month of the expenditure, or contact made with the Treasurer to explain why a delay is in order.

To be completed by the Treasurer:

Check number _____ Date _____
