



Payment / Conference Reimbursement Request Form

- o Please attach an invoice or receipt to this form for payment.
- o Send to: CONFERENCE@MASSLIB.ORG
- o See next page for Reimbursement or Mileage Reimbursement Request Forms

Date of request:

Send Check to

Name:

Company name (if applicable):

Address:

City, State, Zip

Total requested:

Description of Payment Request:

Please attach email approval from the committee chair, if required.

Corporate Status (must be completed by vendors providing services (not goods) costing in excess of \$600)

_____ The person/company listed above is a sole proprietor, an LLC that has not taken the S Corp Election, an LLP, or PC. Attached is completed W9.

_____ The company listed above is a corporation that is not required to be issued 1099-MISC forms.

Vendors providing **services greater than \$600** who are sole proprietors, LLCs that have not taken the S Corp election, LLPs or PCs need to complete an IRS Form W9 in order for a 1099-MISC to be issued. Please complete a W9 form, which you can download here:

<https://www.irs.gov/pub/irs-pdf/fw9.pdf> .

Reimbursement Request

If you are requesting reimbursement for expenses, please complete the form below and attach receipts for all items purchased. **We cannot reimburse for purchases without receipts.**

Reimbursement Request

Vendor	Date	Item(s)	Amount

(continue list on reverse if you have more than 4 receipts)

Total reimbursement request amount =

Mileage Reimbursement Request

Date	Travel from	Travel to	Total Miles	Mileage Payment (total miles x \$.67 cents per mile)

Total mileage request amount = _____

Approved by: _____ Date: _____

Check # _____