



NORTH ATLANTIC HEALTH SCIENCES LIBRARIES, INC.

CHECK REQUEST

Committee: _____ Date Submitted: ____/____/____

Check made payable to: _____

Address:

Check Amount: _____ Date Expenses Incurred: ____/____/____

Explanation of expenses:

Check requests should be submitted within 30 days of expenditures -or- contact the Treasurer when a case for delay is in order.

To be completed by the Committee Chair: *(Check appropriate sub account (s); if several different sub accounts are involved, indicate amount requested for each.)*

____ Travel * ____ Food ____ Hotel ____ Speakers ____ Postage ____ Other

* (From Jul1 thru Dec 31, 2008, travel will be reimbursed at 58.5 cents per mile. Mileage reimbursement should specify miles traveled and include receipts for tolls.)

Committee Chair signature:

To be completed by Treasurer: Check # ____ Date: ____/____/____

Send completed form to:

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