Please fill out the following form to request reimbursement for Section Awards no later than **February 17, 2024**. For AALS to issue any payment we require **all** of the following information. Once completed, please email the form and receipts to [sections@aals.org](mailto:sections@aals.org).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section Name** |  | | | | | | |
| **Section Award** |  | | | | | | |
|  |
| **Date** |  | | | | | | |
| **Payee** |  | | | | | | |
| **Street Address** |  | | | | | | |
| **City/State/Zip** |  | | | | | | |
| **Phone #** |  | |  | | |  | |
|  |  | | | | | | |
| **Dollar Amount** | Subaccount | Dollar Amt | | | Purpose/GL Account # | | |
|  | 3500 |  | | |  | | |
|  |  |  | | |  | | |
|  |  |  | | |  | | |
|  |  |  | | |  | | |
|  | **TOTAL** |  | | |  | | |
| **Banking Instructions** |  | | | | | |  |
| **Bank Name** | **Bank routing #** | | | **Account #** | | | **Recipient email:** |
|  |  | | |  | | |  |

|  |  |  |
| --- | --- | --- |
| **Signature**  **Requested by** |  | **Date:** |
| **Signature**  **Approved by** |  | **Date:** |