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.

|  |  |
| --- | --- |
| **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:** |