Please fill out the following form to request reimbursement for Section Awards no later than **February 14, 2025**. For AALS to issue any payment we require **all** of the following information. Once completed, please email the form and receipts to sleonard@aals.org.

Please note AALS will only reimburse up to $100\*

|  |  |
| --- | --- |
| **Section Name** |  |
| **Section Award** |  |
|  |
| **Date** |  |
| **Payee** |  |
| **Street Address** |  |
| **City/State/Zip** |  |
| **Email and Phone #** |  |  |  |
|  |  |
|  | Subaccount | Dollar Amount | Purpose/GL Account # |
|  | 3500 |  | Section Award Plaques/57500 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **TOTAL** |  |  |

Once reviewed by AALS Staff, you will receive an invite via email from BILL, our payment processor, where you may securely enter your banking information for direct deposit.

Please note AALS will only reimburse up to $100\*

|  |  |  |
| --- | --- | --- |
| **Your Signature** |  | **Date:**  |
| **Signature****Approved by (AALS Staff)** |  | **Date:** |