Check Request

Date: ____________________________

Check payable to: ________________________________________

Address: ________________________________________

________________________________________

Check Amount: ______________________________

Travel is reimbursed at $.55 per mile, NOT at the current IRS rate.

Explanation of expenses (travel expenses should include date of travel):

______________________________________________________________________________

______________________________________________________________________________

Examples of expenses that may be reimbursed: travel to Board meetings; gifts approved by the Board; other approved purchases made on behalf of HSLIC. A receipt should accompany a purchase reimbursement.

Send to:
HSLIC Treasurer
110 Marginal Way, #245
Portland, ME 04101

Check requests should be submitted to the Treasurer within one month of the expenditure, or contact made with the Treasurer to explain why a delay is in order.

To be completed by the Treasurer:

Check Number _______________ Date _________________