



# Indiana Library Federation Financial Transaction Request Form

*NOTE: The form is sent with receipts to the unit's chair or officer who authorized the transaction, whereby it is then sent to the unit treasurer who then submits the form for reimbursement to the ILF office. ILF requests all financial forms to be submitted within 60 days for reimbursement.*

\_\_\_\_\_  
Unit Chair or Officer Authorizing Transaction

\_\_\_\_\_  
Unit

\_\_\_\_\_  
Unit Treasurer, if applicable

\_\_\_\_\_  
Date Submitted

The purpose of this transaction (please check one):

- Request that money be deposited in a Federation account.  
Checks and/or money totaling \$\_\_\_\_\_ are enclosed with this form.
- Request reimbursement from the Indiana Library Federation.  
Attach proof of expenditures or specific details of mileage to be reimbursed.
- Request that a bill be paid by the Federation.  
Attach the original bill. Keep a copy for your unit records.
- Request a transfer of funds from one Federation account to another. If this transaction is associated with a specific bill, please attach the original paid bill.

Explain the specific nature of the transaction below, specifying whether the deposit or transfer expenditure relates to a unit conference, another kind of unit activity, or some other Federation business. *Continue on another page if necessary.*

\_\_\_\_\_  
\_\_\_\_\_

For reimbursement or bill request, print the complete name, address, and telephone number of the person/vendor to whom the payment should be made:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Total Payment/Reimbursement: \_\_\_\_\_

**Return to:** Indiana Library Federation, 941 E. 86th Street, Suite 260, Indianapolis, IN 46240

Phone: (317)257-2040, Fax: (317)257-1389

ILF Processing Date: \_\_\_\_\_