Payment Request Form

# For Reimbursements, Invoices and Payments-

Payment request generated outside the NJLA Office should be emailed to the NJLA Office. Payments are processed every 15th and last day of month. Checks are mailed or direct deposited to the recipient.

|  |  |
| --- | --- |
| **Today’s Date** |  |
| **Your Name** |  |
| **Position in NJLA** |  |
| **Signature** |  |
| **Total Amount** |  |
| **Purpose, amount, and date for which payment is sought. Please attach receipts/invoice.** | |
|  | |

|  |  |
| --- | --- |
| **Make check payable to:** | |
| **Name** |  |
| **Address** |  |
| **City/State/Zip** |  |
| **Email** |  |
| **Phone Number** |  |

Approved: Date:

Funding Source:

# Contact:

163 US Hwy 130 N., Bld. 1, Ste. 1C, Bordentown, NJ 08505

[**www.njla.org**](http://www.njla.org/) **| 609-482-1282 |** [**office@njla.org**](mailto:office@njla.org)