



225 Reinekers Lane, Suite 590
Alexandria, Virginia 22314

www.atanet.org
ata@atanet.org

Telephone: (703) 683-6100
Fax: (703) 683-6122

**american
translators
association**

ATA Request for Reimbursement Form

Today's Date: _____		Amount Requested: _____	
Charge To:			
<input type="checkbox"/> Headquarters	<input type="checkbox"/> CLD – Chinese Language Div (10)	<input type="checkbox"/> LTD – Language Technology Div (46)	
<input type="checkbox"/> Member Services	<input type="checkbox"/> FLD – French Language Div (15)	<input type="checkbox"/> MD – Medical Div (47)	
<input type="checkbox"/> Certification	<input type="checkbox"/> GLD – German Language Div (20)	<input type="checkbox"/> ND – Nordic Div (50)	
<input type="checkbox"/> Officers/Directors	<input type="checkbox"/> ID – Interpreters Div (30)	<input type="checkbox"/> PLD – Portuguese Language Div (55)	
<input type="checkbox"/> Conference	<input type="checkbox"/> ILD – Italian Language Div (35)	<input type="checkbox"/> SLD – Slavic Languages Div (60)	
<input type="checkbox"/> Committee: _____	<input type="checkbox"/> JLD – Japanese Language Div (40)	<input type="checkbox"/> SPD – Spanish Language Div (65)	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> KLD – Korean Language Div (42)	<input type="checkbox"/> TCD – Translation Company Div (70)	
	<input type="checkbox"/> LD – Literary Div (45)		
Payable To: <i>Reimbursement will be delayed without complete information. Please print.</i>			
<i>Name:</i> _____			
<i>Street Address:</i> _____			
<i>Apartment/Suite</i> _____			
<i>City, State & Zip:</i> _____			
Purpose of Reimbursement: <i>Please itemize expenses. Bill or receipt for each must be attached.</i>			
Description	Account #	Amount	
TOTAL			
I confirm that the amount indicated above has been (will be) actually spent for the purpose(s) indicated and is properly charged against the budget item indicated.			
Signature of authorized person responsible for budget item:			
For Accounting Use Only			
Approved By: _____		Date Approved: _____	
Date Paid: _____	Amount Paid: _____	Check #: _____	

Return to: 225 Reinekers Lane, Suite 590 • Alexandria, Virginia 22314 • Tel: (703) 683-6100 • Fax: (703) 683-6122