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**american
translators
association**

ATA Request for Reimbursement Form

Charge To:		
<input type="checkbox"/> Headquarters <input type="checkbox"/> Member Services <input type="checkbox"/> Accreditation <input type="checkbox"/> Officers/Directors <input type="checkbox"/> Conference <input type="checkbox"/> Committee: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> CLD – Chinese Language Division <input type="checkbox"/> FLD – French Language Division <input type="checkbox"/> GLD – German Language Division <input type="checkbox"/> ID – Interpreters Division <input type="checkbox"/> ILD – Italian Language Division <input type="checkbox"/> JLD – Japanese Language Division <input type="checkbox"/> KLD – Korean Language Division <input type="checkbox"/> LD – Literary Division	<input type="checkbox"/> LTD – Language Technology Division <input type="checkbox"/> MD – Medical Division <input type="checkbox"/> ND – Nordic Division <input type="checkbox"/> PLD – Portuguese Language Division <input type="checkbox"/> S&TD – Science and Technology Division <input type="checkbox"/> SLD – Slavic Languages Division <input type="checkbox"/> SPD – Spanish Language Division <input type="checkbox"/> TCD – Translation Company Division
Today's Date:		Amount Requested:
Payable To: <i>Reimbursement will be delayed without complete information. Please print.</i>		
Name:		
Street Address:		
City, State Zip:		
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 division administrator:		
For Accounting Use Only		
Approved By:		Date Approved:
Date Paid:	Amount Paid:	Check #: