



Brooklyn, Queens, Staten Island,
 Manhattan and the Bronx
 HEALTH SCIENCES LIBRARIANS
<http://www.bqsimb.org/>

Date: _____

Please print this form, fill out the information below, and mail it to BQSI/MB Treasurer:

Barbara Gugliuzza
 Elmhurst Hospital Center
 Peter Nicholas Memorial Library
 7901 Broadway D3-52a
 Elmhurst, NY 11373
 METRO #41

Please issue a payment or pre-payment for the attached invoice(s)/receipt(s)*:

PURPOSE:

EXPENSES:

Items	Amount
_____	_____
_____	_____
_____	_____
Total:	_____

Payment will be made in a form of cash or money order (for pre-payments only, by request).

Payment should be made to: _____

Payment should be made to the following address:

Signature of Requestor: _____

Approval by President: _____

For Treasurer's Use Only:

Date cash disbursed/money order sent:

*No payments will be made without the submission of the appropriate receipts/invoices.