

NorthNet Library System

CLSA Funded Staff Training

Participation Reimbursement Claim Form

Workshop for which Reimbursement is Requested:

Title: _____

Date: _____ Location: _____

PARTICIPANT NAME _____

LIBRARY _____

ADDRESS _____
(Street) City, State, Zip

REIMBURSEMENTS REQUESTED:

Personal Vehicle Mileage _____ **miles** @ \$.50 per mile = Total \$ _____
(round trip from library or home to workshop location, whichever is fewer miles)

Other: (please specify) _____ \$ _____

Please attach receipts

Total \$ _____

How should the reimbursement check(s) be made out?

Name _____

Address _____

Zip code _____

Library Director Approval: _____

Signature

Date

ALL FUNDS MUST BE USED BY MAY 31, 2010

Please send this claim within one month of attending the workshop to:

Kelli Logasa
NorthNet Library System
55 E Street Santa Rosa, CA 95405
Ph: (707) 544-0142 x102 FAX: (707) 544-8411
nbelsadm@sonic.net