

Library Access & Innovation Grant

Participation Reimbursement Claim Form

→Library Director's Version for Substitute Reimbursement

Workshop for which reimbursement is requested:

Title: _____

Date: _____ Location: _____

PARTICIPANT NAME _____

LIBRARY _____

ADDRESS (Street) _____

(City, including zip) _____

REIMBURSEMENTS REQUESTED:

One Day Substitute Reimbursement @ up to \$100/day maximum \$ _____

Other: (please specify) _____ \$ _____

Total \$ _____

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

Same as above address ---or---

Name _____

Address _____

Zip code _____

Approval of Library Director:

Signature _____

Name _____

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

Myra Lazio
North State Cooperative Library System
55 E Street Santa Rosa, CA 95404
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myra@northnetlibs.org