



California Library Services Act (CLSA)

ZIP BOOKS PROJECT

AMAZON PRIME FEE REIMBURSEMENT CLAIM FORM

Reimbursement will be made by check payable to the library name listed below and sent to the following address:

Please type or print clearly:

Date of Request _____

AMAZON Prime Membership Fee: \$ _____

Library Name: _____

Address: _____

Phone #: _____

Signature: _____
(Signature Required)

Date: _____

Please sign and email completed Reimbursement Claim form to ZipBooksInvoice@northnetlibs.org with a copy of the paid Amazon Prime membership fee receipt. Should you have any questions, please contact NLS Accounting at (650) 349-5538.

PLEASE USE THIS DOCUMENT FOR ONLY AMAZON PRIME MEMBERSHIP FEE REIMBURSEMENT