



California Library Services Act (CLSA)

ZIP BOOKS PROJECT

ZIP BOOKS EXPENSE REIMBURSEMENT REQUEST 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 _____

Zip Books Expense To Be Reimbursed: \$ _____
Attach Amazon Paid Order Receipts.

Library Name: _____

Address: _____

Phone #: _____

Signature: _____ **Date:** _____
(Signature Required)

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