# Library Access & Innovation Grant Infopeople Training

## <u>Participation Reimbursement Claim Form</u>

**Workshop for which reimbursement is requested:**

**Title:** _____

**Date:** _____ **Location:** _____

PARTICIPANT NAME _____

LIBRARY _____

ADDRESS (Street)_____

      (City, including zip)_____

### REIMBURSEMENTS REQUESTED:

**Personal Vehicle Mileage**_____miles x IRS mileage rate    $_____
*Please check www.irs.gov for current mileage reimbursement rate*
(round trip from library or home to workshop location, whichever is fewer miles)

**Other Expense**: (please specify)             $_____
_____

_____
                                      **Total** $ _____

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

      Name     _____

      Address _____

      Zip code__ _____

### Approval of Library Director:

      Signature_____

      Name     _____

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

Myra Lazio
NorthNet Library System
55 E Street Santa Rosa, CA 95404
Ph: (707) 544-0142 ext. 105   FAX: (707) 544-8411
myra@northnetlibs.org