



55 E Street Santa Rosa, CA 95404-4728

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www.northnetlibs.org

Participation Reimbursement Claim Form

Workshop for which Reimbursement is requested:

Title: _____ NLS System Sustainability Retreat _____

Date: _____ Tuesday, November 15, 2011 _____ **Location:** _____ Sacramento, CA _____

PARTICIPANT NAME: _____

LIBRARY: _____

REIMBURSEMENTS REQUESTED:

Personal Vehicle Mileage _____ **miles @ \$0.555 per mile = Total \$** _____

Meals (*attach receipts to this form*) \$ _____

Other: (please specify) _____ \$ _____
attach receipts to this form

Total \$ _____

Make check payable to:

Name _____

Address _____

City, State, Zip _____

Please fax your completed form to (707) 544-8411

NLS OFFICE USE ONLY

Approved by NLS Executive Director

Date

Expenditure Code: 7302LSTA-LAIF