

# 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  
Ph: (707) 544-0142 ext. 105 FAX: (707) 544-8411  
[myra@northnetlibs.org](mailto:myra@northnetlibs.org)