

**MOUNTAIN VALLEY LIBRARY SYSTEM
CLSA Funded Staff Training**

Participation Reimbursement Claim Form

Workshop for which Reimbursement is Requested:

Title: _____

Date: _____ **Location:** _____

PARTICIPANT NAME _____

LIBRARY _____

ADDRESS _____
(Street) City, State, Zip

REIMBURSEMENTS REQUESTED:

Personal Vehicle Mileage _____ **miles @ \$.55 per mile = Total \$** _____
(round trip from library or home to workshop location, whichever is fewer miles)

Other: (please specify) _____ \$ _____

Please attach receipts

Total \$ _____

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

Name _____

Address _____

Zip code _____

Library Director Approval: _____

Signature

Date

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

Kelli Logasa
NorthNet Library System
55 E Street
Santa Rosa, CA 95405
Ph: (707) 544-0142 x102 FAX: (707) 544-8411
nbclsadm@sonic.net