

Rural Initiative Infopeople Training

Participation Reimbursement Claim Form

Workshop for which reimbursement is requested:

Title: _____

Date: _____ Location: _____

PARTICIPANT NAME _____

LIBRARY _____

ADDRESS (Street) _____

(City, including zip) _____

REIMBURSEMENTS REQUESTED:

Personal Vehicle Mileage _____ miles @ \$.50 per mile = Total \$ _____

(round trip from library or home to workshop location, whichever is fewer miles)

Other: (please specify) _____ \$ _____

Total \$ _____

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

Name _____

Address _____

Zip code _____

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
nbclsfin@sonic.net