



## Northern New York Library Network Professional Development Grant Reimbursement Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

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Event: \_\_\_\_\_

Dates: \_\_\_\_\_ to \_\_\_\_\_ Location: \_\_\_\_\_

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**Please attach receipts for all reimbursement claims.**

\$ \_\_\_\_\_ Transportation (Total) (If personal car was used, \_\_\_\_\_ miles at \$0.50 per mile.)

\_\_\_\_\_ Room (Total)

\_\_\_\_\_ Meals (Total) Maximum per diem \$39

\_\_\_\_\_ Registration/Tuition

\_\_\_\_\_ Other Expenses

\$ \_\_\_\_\_ **TOTAL**

I certify the above amount to be due and owing on this trip.

\_\_\_\_\_  
Signature of traveler

\_\_\_\_\_ I have attached a report of the conference, training, or other activity funded by  
this NNYLN Professional Development Grant.