



Northern New York Library Network

Professional Development Grant Reimbursement Form

Name _____ Date _____

Address _____

City, State _____ Zip _____

Event: _____

Dates: _____ to _____. Location: _____

Please attach receipts for all reimbursement claims.

\$ _____ Transportation (Total) (If personal car was used, _____ miles at \$0.56 per mile.)

_____ Room (Total)

_____ Meals (Total) Maximum per diem \$55

_____ Registration/Tuition

_____ Other Expenses

\$ _____ TOTAL

\$ _____ GRANT AMOUNT AWARDED (Total to be reimbursed)

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

Signature of Traveler

Email completed form with all relevant receipts to grants@nnyln.org. Network staff will be in contact about how best to share your experience with the greater region. Thank you for accessing resources available to you to support your professional development.