



Northern New York Library Network

PROFESSIONAL DEVELOPMENT GRANT REIMBURSEMENT FORM

Name _____ Date _____

Check Payable to: _____

Address _____

City, State _____ Zip _____

Event: _____

Dates: _____ to _____ Location: _____

Please attach receipts for all reimbursement claims.

\$ _____	Transportation (Total) (If personal car was used, _____ miles at \$0.655/mile.)
_____	Room (Total)
_____	Meals (Total) Maximum per diem \$59
_____	Registration/Tuition
_____	Other Expenses:
\$ _____	SUBTOTAL
\$ _____	TOTAL TO BE REIMBURSED (may not exceed grant amount awarded)

I certify that the above amount is due and has not been previously requested here or elsewhere.

Signature of Traveler

Email completed form with all relevant receipts to grants@nnyln.org. Prepare to discuss with Network staff how best to share your experience with the greater region.

Thank you for accessing resources available to you to support your professional development.

Updated Apr 20, 2023