



# Northern New York Library Network

## PROFESSIONAL DEVELOPMENT GRANT REIMBURSEMENT FORM

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

Check Payable to: \_\_\_\_\_

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 \$0.67/mile.)
_____	Room (Total)
_____	Meals (Total) Maximum per diem \$59
_____	Registration/Tuition
_____	Other Expenses:
\$ _____	SUBTOTAL
\$ _____	<b>TOTAL TO BE REIMBURSED (may not exceed grant amount awarded)</b>

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](mailto: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 Jan 23, 2024*