Northern New York Library Network

PROFESSIONAL DEVELOPMENT GRANT REIMBURSEMENT FORM

Name_____Date_____

Check Payable to:_____

Address _____

City, State_____Zip _____

Attach ACH info or a picture or scan of a voided check to have payment sent electronically (preferred).

- -

Event: _____

Dates:_____to_____ Location: _____

- -

Please attach receipts for all reimbursement claims.

$	_____	Transportation (Total) (If personal car was used,_____miles at $0.70/mile.)
	_____	Room (Total)
	_____	Meals (Total) Maximum $68/full day, $51/travel day
	_____	Registration/Tuition
	_____	Other Expenses:
$	0.00	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 Oct 22, 2025