

**Lakeland Library Cooperative
Continuing Education Committee
Expense and Reimbursement Form**

Send this form for payment of workshop expenses, along with any invoices to be paid directly by Lakeland Library Cooperative, as soon as possible after the workshop.

Workshop _____

Date _____

Name _____

Address _____

Phone _____

***Tax ID #** _____ (*Required for non-reimbursed expenses)

Receipt	Purpose	Amount
Total		

Attach receipts listed to reimbursement form. Complete one form for each person to reimburse.

Mileage for Professional Speaker (rate is based on current IRS rate):

To	From	# of Miles	Amt (\$.56/mile)
Total			

Send Completed form to: Janet Cornell, Finance & HR Assistant
Lakeland Library Cooperative
4138 3 Mile Rd NW
Grand Rapids, MI 49534
616-559-5253 x2003