

**MOUNTAIN VALLEY LIBRARY SYSTEM  
CLSA Funded Staff Training**

**Participation Reimbursement Claim Form**

**Workshop for which Reimbursement is Requested:**

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Location:** \_\_\_\_\_

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**PARTICIPANT NAME** \_\_\_\_\_

**LIBRARY** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
(Street) City, State, Zip

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**REIMBURSEMENTS REQUESTED:**

**Personal Vehicle Mileage** \_\_\_\_\_ **miles** @ \$.585 per mile = Total \$ \_\_\_\_\_  
(round trip from library or home to workshop location, whichever is fewer miles)

**Other:** (please specify) \_\_\_\_\_ \$ \_\_\_\_\_

*Please attach receipts*

Total \$ \_\_\_\_\_

**How should the reimbursement check(s) be made out?**

Name \_\_\_\_\_

Address \_\_\_\_\_

Zip code \_\_\_\_\_

**Library Director Approval:** \_\_\_\_\_

**Signature**

**Date**

**Please send this form within one month of attending the workshop to:**

Kelli Logasa  
Mountain Valley Library System  
55 E Street  
Santa Rosa, CA 95405  
Ph: (707) 544-0142 FAX: (707) 544-8411  
[nbclsadm@sonic.net](mailto:nbclsadm@sonic.net)