



**SUBSTITUTE LIBRARIAN'S REIMBURSEMENT REQUEST**

LIBRARY: \_\_\_\_\_

<b>Event Attended</b>	<b>Date Worked</b>	<b>Hours Requested</b>	<b>Rate</b>	<b>Amount Requested</b>
			\$10.00/ hour	
			\$10.00/ hour	
			\$10.00/ hour	
			\$10.00/ hour	
			\$10.00/ hour	
			\$10.00/ hour	
	<b>TOTAL REQUESTED</b>			\$

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

Submit completed form via email to:

Lisa Miller, Finance Manager @ [lmiller@nekls.org](mailto:lmiller@nekls.org)