



**Connecticut Library Association
2018 Annual Conference Expense Form**

Sponsors: Submit forms and receipts to Conference Co-Chairs:

Kirk Morrison: kmorrison@nhfpl.org
or Alessandra Petrino: apetrino@westonct.gov

Expense reimbursement requests must be submitted *before March 1, 2018.*

Program Title: _____

Date of presentation: _____ Time: _____

CLA Program Sponsor and/or Section: _____ Name: _____

Email: _____ Phone: _____

Pay to: (Speaker/Presenter Name) _____

Address: _____

Phone: _____

Amounts for:

Speaking fee: \$ _____

Mileage: ____ miles at \$0.535/mile \$ _____

(Attach Mapquest to show route and mileage)

Other travel: \$ _____

(include copy of itinerary and receipt for amount paid)

Total: \$ _____

Submitted by: (*Signature*) _____ Date _____

Approved by Conference Co-Chair (*Signature*): _____ Date _____

CLA Office Use Only

Account: _____ Amount \$ _____

Date Paid: _____ Check # _____