

REIMBURSEMENT FORM

Name:

Library/Institution:

Phone:

Email:

Date	Item/Description	Amount
TOTAL REIMBURSEMENT AMOUNT (up to \$200)		

Write check to (name):

Send check to (address):

Signature:

Please complete and send with all receipts by Wednesday, April 27, 2011 to:

Amanda R. Latreille
 113 Athens Avenue
 Elbridge, NY 13060

Note: One person from each PCC and E-Mobile Unit will be reimbursed up to \$200 for meals, travel, and accommodations. Mileage will be reimbursed at \$0.51 per mile. Incidentals and taxes will not be reimbursed. Please keep a copy of the form and all receipts for your records.