

# Southern Adirondack Library System

## Member Library Reimbursement Form

Date	Continuing Education Workshop or Program Name	\$ Cost of Program	To	Place and From	Total Miles	\$ Total (SALS Use Only)

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

\_\_\_\_\_

**Make Check Payable To:**  
\_\_\_\_\_

Approved by \_\_\_\_\_

**Library Name:** \_\_\_\_\_

Check Number \_\_\_\_\_ Date \_\_\_\_\_

SALS Code \_\_\_\_\_

*Mileage reimbursement 7/1/2011 \$.555/mile*