Southern Adirondack Library System

Member Library Reimbursement Form

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

Signature: _____ _____

Make Check Payable To: _____

Approved by

_____

Check Number Date

Library Name: _____

SALS Code

Mileage reimbursement 1/1/2009 $.55/mile