



**SPEAKER REIMBURSEMENT FORM**

Speakers authorized for reimbursement at PLA programs at ALA Annual Conferences or at PLA National Conferences must use this form for reporting authorized expenses. Please print or type.  
 Note: Check will be made payable to the name listed below and mailed to the address listed below.  
 Mail this form with necessary receipts to:

PLA Speaker Reimbursement  
 PUBLIC LIBRARY ASSOCIATION  
 50 EAST HURON STREET  
 CHICAGO, IL 60611

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Meeting: \_\_\_\_\_

DATE:									AMOUNT
Air Travel									
Ground Transportation (including taxis)									
Car Mileage (@ \$.40 per mile)									
Hotel									
Meals (not to exceed maximum per diem)									
Speaker Honorarium (SS# required below)									
Other (explain below)									
<b>SUBTOTAL:</b>									
<b>LESS PERSONAL EXPENSES CHARGED TO HOTEL BILL: (if any)</b>									
<b>TOTAL REIMBURSEMENT REQUESTED:</b>									

Social Security Number (REQUIRED for honorarium): \_\_\_\_\_

Explanation of "Other" Expenses: \_\_\_\_\_

**Original receipts are required and must be attached for all expenditures except those less than \$25.**

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