

NDLA Centennial Conference  
*"Celebrating our Past, Embracing our Future"*  
 September 20 - 22, 2006  
 Fargo, ND – Doublewood Inn

**INSTRUCTOR / SPEAKER EXPENSE FORM**

Name: \_\_\_\_\_ Date of Presentation: \_\_\_\_\_  
 Title of Session: \_\_\_\_\_

**Please include receipts for all expenses except mileage and per diem meals:**

**Transportation**

Coach Airfare: \$ \_\_\_\_\_ Parking: \$ \_\_\_\_\_ Cab: \$ \_\_\_\_\_

Mileage: Number of Miles \_\_\_\_\_ \$ \_\_\_\_\_  
 (Reimbursed at \$.375 per mile not to exceed established coach airfare)

**Lodging**

Number of Nights \_\_\_\_\_ \$ \_\_\_\_\_

**Meals**

(per diem limit = \$25; breakfast = \$5, lunch = \$7.50, dinner = \$12.50; alcoholic beverages not reimbursed)

Date	Breakfast	Lunch	Dinner	Total

**Miscellaneous** (please explain) \_\_\_\_\_  
 \_\_\_\_\_

**Total Expenses** \$ \_\_\_\_\_ **Honorarium as per agreement** \$ \_\_\_\_\_

**Total Requested Amount** \$ \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that the above expenses were incurred by me in providing a program for the NDLA Centennial Conference "Celebrating our Past, Embracing our Future."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return form with receipts and direct questions to Beth Postema, Fargo Public Library, 102 N 3<sup>rd</sup> St., Fargo ND 58102-4899 ; Phone: (701) 241-8198 ; e-mail: BPostema@cityoffargo.com**

Conference Chair Approval \_\_\_\_\_ Date \_\_\_\_\_