

**NDLA 2008 Annual Conference  
September 24 - 26, 2008  
Best Western Mandan, ND – Seven Seas Hotel**

***FLICKER TALE 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 \$.45 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 Conference "Librarians Under Construction: A Life of Continuous Education."

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

**Please return form with receipts and direct questions to Linda Austin, Flicker Tale Chair, Morton Mandan Public Library, 609 West Main St., Mandan, ND 58554; Phone: (701) 667-5365; e-mail: l.austin@mail.infolynx.org**

Flicker Tale Chair Approval \_\_\_\_\_

Date \_\_\_\_\_