

**NDLA 2018 Annual Conference  
 "Future Ready Libraries"  
 October 3-5, 2018 – Minot, ND  
 Clarion Inn and Conference Center**

***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: \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Mileage: Number of Miles \_\_\_\_\_ \$ \_\_\_\_\_  
 (Reimbursed at \$.545 per mile not to exceed established coach airfare)

**Lodging**

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

**Meals**

(per diem limit = \$35; breakfast = \$7, lunch = \$10.50, dinner = \$17.50; alcoholic beverages not reimbursed)

Date	Breakfast	Lunch	Dinner	Total

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

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

**Total Requested Amount** \$ \_\_\_\_\_ **Daytime Phone Number** \_\_\_\_\_

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

I certify that the above expenses were incurred by me in providing a program for the NDLA 2018 Annual Conference "Future Ready Libraries"

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

**Please return form with receipts and direct questions to Lesley Allan, 3602 7th Street West, Apt 303, Williston, ND 58801  
 Phone: 701.330.6817; e-mail: librarylesley@gmail.com**

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