



Southwest Wisconsin Library System

Continuing Education Expense Form

Submit this form to SWLS CE Validator, Shauna Koszegi, and attach all necessary receipts for your reimbursement. SWLS will reimburse the library **or** the applicant in **one** check for all approved expenses. Please allow 4-6 weeks for SWLS to process your reimbursement.

Name: _____ Library: _____

Make Check Payable to: _____

Address to Send Check: _____

	Short Description	Amount
Registration, Tuition, or Training Fee See www.swls.org/library-staff/ce-scholarships for a list of eligible expenses.		
Mileage and Transportation Mileage is reimbursed at the Federal rate of \$0.70/mile. List parking and other transportation expenses separately (bus, train, etc.)		
Meals Detailed receipts for all meals must be provided.		
Lodging		
TOTAL AMOUNT:		

Signature: _____ Date: _____

Admin Use Only:

Date Received: _____ CE Validator Initials: _____ SWLS Director Approval: _____

Account Code: _____ Check Cut: _____ Check Number: _____

SWLS will reimburse the payee and plans to seek reimbursement through the LSTA Leadership Fund grant.