

**Library Services and Technology Act - Training Credit Program
Reimbursement Form
Wyoming State Library**

Updated July 2008

Library name: _____

Total to reimburse: \$ _____

All reimbursements are payable to the library only.

List employees/trustees who attended the event under the training credits.

Name of event attended: _____

Date(s) of event: _____

Local funds used to supplement Training Credits: \$ _____

In-kind contribution \$ _____

An in-kind contribution is a non-cash input which can be given a cash value. For example: County car is used for transportation and the cost of mileage/use is not being reimbursed to the library or county by LSTA.

I certify that the amount being requested for reimbursement to the library is an accurate claim for expenses incurred by the library and its staff for the staff development event(s) attended. I understand that the State Library reserves the right to determine the actual lodging and meal reimbursements if costs exceed state rates, the event is determined to be ineligible for training credits, or expenses are claimed which are not permissible under OMB Circular A-87.

Director's Signature Date

Send to: Jamie Markus
 Wyoming State Library
 516 S. Greeley Hwy.
 Cheyenne, WY 82002

WSL Business Office Use Only:

Approval _____ Accounting Code _____

Reimbursement Documents to Attach:

TOTALS

- Invoices \$ _____
- Receipts for Meals \$ _____
- Registration \$ _____
- Mileage \$ _____
- Lodging \$ _____
- Other: _____

EVALUATION(S) <http://will.state.wy.us/training/workshopeval.pdf>