OLA BOARD APPLICATION FOR MEETING ATTENDANCE REIMBURSEMENT  
of Personnel Costs (substitutes for OASL, etc.)

**2018-19**

Board Member’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Division\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

Date of Meeting Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing address is:

Oregon Library Association  
PO Box 3067

La Grande OR 97850

Contact: Shirley Roberts (OLA Assn Manager, email: [sroberts.ola@gmail.com](mailto:sroberts.ola@gmail.com) , phone 541-962-5824)

Make check payable to:

Agency/Individual Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit this form and attach proof of payment/invoice/documentation/etc. to OLA President within thirty (30) days following the closing session of the meeting by mail or email to:   
  
Esther Moberg  
OLA President

Seaside OR

olapresident@olaweb.org

Approved for payment by OLA President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forward to Shirley Roberts, OLA Assn Manager for check to be issued.

For Assn Manager: Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_