**OLA BOARD APPLICATION FOR MEETING ATTENDANCE**

REIMBURSEMENT FORM

**Guidelines:**

* Reimbursement is available for OLA Executive Board and committee meetings
* Applicant must provide documentation that demonstrates that attendance at an OLA board meeting resulted in out-of-pocket expenses for substitute staff (either to the applicant or to his or her employer)

**Board Member’s Name**\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **Division**\_\_\_*\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Statement of Need:**

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

**Check one:**

**\_\_\_I am requesting OLA reimburse me**

**Applicant’s Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_My employer (library or school district) will bill OLA**

**Employer Name**: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* State \_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_*

Billing address: Oregon Library Association, PO Box 3067, La Grande OR 97850

OLA Association Manager Shirley Roberts ([sroberts.ola@gmail.com](mailto:sroberts.ola@gmail.com); 541-962-5824)

**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 e-mail to: Penny Hummel, 2013-14 OLA President,** [**phummel.ola@gmail.com**](mailto:phummel.ola@gmail.com)

**Approved by OLA President:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Forward to Shirley Roberts, OLA Association Manager for check to be issued).

**For Association Manager:**

**Check #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Code: \_\_\_\_\_\_\_\_\_\_