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

**2015-16**

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 , 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:

Jane Corry
OLA President

2108 SE 32nd Place
Portland OR 97214

janec@multcolib.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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_