



**FINGER LAKES
LIBRARY SYSTEM**

**2016-2019
READY TO READ TRAINING
MATERIAL REIMBURSEMENT REQUEST**



Date: _____

Your Name: _____ Library Affiliation: _____

Payable to: _____

This is a (select ONE) Person Institution

Address: _____

City: _____ State: _____ Zip: _____

Date	Item/Description	Quantity	Cost
Total Request			\$

This form is for participants from FLLS member libraries who purchased supplementary continuing educational materials that support Ready to Ready at New York State Libraries.

A total of \$200 per year, per library is available for the 3 year grant cycle.

In order to receive payment:

- Materials must be approved in advance, in writing, by the training cohort.
- All receipts must be included.

Please return completed form and supporting documents to the Finger Lakes Library System
Attn: Youth Services, 1300 Dryden Road, Ithaca, NY 14850.

**For Official Use Only. PAYMENT AUTHORIZATION:
I certify that the above is correct and payment has not been made.**

_____	_____
Signature	Title
574200	_____
Code	Date
_____	_____

Auditor Approval