



Arizona Library Association

Speaker Reimbursement Request

Name: _____ Telephone: _____
Position: _____ Fax: _____
E-mail: _____
Address: _____
Event Attended: _____

Please complete this form and submit receipts to AzLA:

AzLA
950 E. Baseline Rd. #104-105
Tempe, AZ 85283

Airfare:

Air transportation shall be at the lowest available coach, economy, or discount fare that will get the traveler to the destination in the most reasonable time frame. Please see AzLA Travel Guidelines.

\$ _____

Hotel:

A traveler attending a conference or other formal meeting may be reimbursed at the rate agreed to in the contract.

\$ _____

Meals (Per Diem):

Per Diem amounts are based on GSA guidelines.
Meals included in event are not reimbursable.
Current FY 2015 rate for Flagstaff, AZ: **\$46/day**

\$ _____

Ground Transportation:

Ground transportation shall be at the lowest available shuttle, economy, or discount fare that will get the traveler to the destination in the most reasonable time frame. Please see AzLA Travel Guidelines.

\$ _____

Additional Expenses:

Charges related to AzLA business. Please see AzLA Travel Guidelines.

\$ _____

Honorarium:

Please enter your requested Honorarium:

\$ _____

TOTAL: \$ _____

Signature: _____ Date: _____

Please make reimbursement check payable to: _____