

# LIBRAS Continuing Education Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (for reimbursement):

LIBRAS Institution:

Event Category (If selecting Category A, complete date and location of event, then skip to the signature section of the application.)

**A**     ACRL     IACRL     ILA     LOEX     ALA (annual only)

**B**     Pre-Conference, Conference, Workshop \_\_\_\_\_

**C**     Online Continuing Education Course: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_ Location of event: \_\_\_\_\_

Name and address of sponsoring organization:

Describe how this activity will benefit your library and other LIBRAS members. (Skip this section for category A.)

Have you received LIBRAS Continuing Education funds in the past?  Yes  No

List activities, dates, and any reports given:

Is your library willing to contribute monies toward this activity?  Yes  No    How much? \$ \_\_\_\_\_

Expenses:	Estimated expenses	Actual expenses	<u>LIBRAS Use Only</u>	
Registration/Fees: \$ _____	\$ _____	\$ _____	Amount approved:	_____
Travel (Air, Car, Other): \$ _____	\$ _____	\$ _____	Date approved:	_____
Lodging (_____ nights): \$ _____	\$ _____	\$ _____	Receipts received:	_____
Meals: \$ _____	\$ _____	\$ _____	Report received:	_____
Other Expenses: \$ _____	\$ _____	\$ _____	Applicant paid:	_____
<b>TOTAL:</b> \$ _____	\$ _____	\$ _____	Payment amount:	_____

**Signatures:**

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Date**

In signing this application, I agree to comply with the LIBRAS Continuing Education policies and procedures.

\_\_\_\_\_  
**Library Director**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Continuing Education Coordinator**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Treasurer**

\_\_\_\_\_  
**Date**