



Traverse des Sioux Library Cooperative  
1400 Madison Avenue, Suite 622  
Mankato, MN 56001  
507/625-6169 • 800/838-1904 (fax)

**2018 Traverse des Sioux Library Cooperative Honorarium Application**

NOTE: Honorarium maximum amount is **\$400**.

1. Applicant information:

Name:		
Contact/ mailing address:		
City:	State:	Zip:
Phone:	Email:	
Library/Organization:		Work phone:
Position title:		

2. Description of training/event. If available, attach a copy of event brochure or agenda, etc.

3. Describe how attending this training/event will benefit you, your library, and Tds.



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4. Projected expenses. Please include any amounts being received from other sources, such as your organization, other scholarships, etc.

Expense Category	Estimated Total Cost	Amount Requested (\$400 max)	Amounts Being Received From Other Sources	Source Of Other Funding
Registration or Tuition				
Transportation/Mileage*				
Lodging				
Meals				
Substitute				
Parking				
Required Materials				
Other (specify)				
Other (specify)				
Other (specify)				
<b>TOTAL</b>				

\* Mileage is for the use of a personal vehicle only. Only one person in a vehicle may request mileage. Mileage is reimbursed at the current IRS rate.

Signature of Applicant	Date
Signature of Supervisor	Date

**REMEMBER:** Receipts and report must be submitted to the TdS Library Cooperative within 30 days after completion of event to receive payment.