



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

2018 Honorarium Reimbursement Form

All receipts, final report, and this form are required within 30 days of conference completion date to receive payment.

Applicant Name:

Name	
Library/School District	
Name of Conference	
Dates of Conference/Event	

Reimbursement To Be Paid To:

Name or Agency	
Address to Mail Check	

Receipts Enclosed:

Registration and Fees	
Lodging and Meals	
Mileage	
Parking	
Substitute	
Other Expenses	
Total	

NOTE
Honorarium
maximum amount
is \$400.

I certify the reported costs are true and correct.

Signature

Date

Return Report and Receipts To:

Mitzi Roberts
 TdS Library Cooperative
 1400 Madison Avenue, Suite 622
 Mankato, MN 56001
 Or email to: mroberts@tds.lib.mn.us

Date Approved: _____ Date Notified: _____
 Receipts Received: _____ Report Received: _____
 Amount Paid: _____ Date Paid: _____
 Check Number: _____

**Please make sure you have included all receipts, reimbursement form and report.
 (see next page for requirements)**

Requirements for Reimbursement

The recipient of an honorarium must submit via mail or email all at one time, the following items.

1. A 100-200 word report about the event attended. Include a review of the event, highlights of what was learned, and how it will be useful on the job. The report will be forwarded the TdS Board.
2. A completed TdS reimbursement form with copies of all receipts. Please do not submit original receipts. **IMPORTANT:** Credit card receipts are not sufficient unless they specifically detail the items purchased.
3. The completed reimbursement form, specifying to whom the reimbursement check should be made and the appropriate mailing address.