

**THE LIBRARY NETWORK**  
**Continuing Education/Workshop Proposal**

Sponsoring \_\_\_\_\_ Program \_\_\_\_\_  
Committee \_\_\_\_\_ Chair \_\_\_\_\_ Library \_\_\_\_\_

Proposed Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Title/Description of Program: \_\_\_\_\_

**Proposed Budget:**

1. **SPEAKER(s)**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Travel Fee(s) \_\_\_\_\_  
    Airfare \_\_\_\_\_ Mileage \_\_\_\_\_  
    Hotel \_\_\_\_\_ Other \_\_\_\_\_  
Cost: \_\_\_\_\_

2. **REFRESHMENTS**  
Snacks \_\_\_\_\_  
Lunch \_\_\_\_\_  
Provided by: \_\_\_\_\_  
Cost: \_\_\_\_\_

3. **PRINTING COSTS** \_\_\_\_\_

4. **OTHER COSTS** Description/Provider  
    \_\_\_\_\_ \_\_\_\_\_  
    \_\_\_\_\_ \_\_\_\_\_  
    \_\_\_\_\_ \_\_\_\_\_

**TOTAL COSTS** \_\_\_\_\_

**PROPOSED REVENUES** Registration Fee \_\_\_\_\_  
Estimated Attendance \_\_\_\_\_

**ESTIMATED REVENUE** \_\_\_\_\_

**NET COST (PROFIT)** \_\_\_\_\_

STEERING COMMITTEE APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_  
TLN DIRECTOR APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

Submit this form to the Controller, The Library Network, after approval. **YOU MUST HAVE INVOICES TO RECEIVE REIMBURSEMENT OR PAY VENDORS.** Submit these to The Library Network Controller with a notation of workshop date and title.

