



The Library Network

Libraries Working Together

41365 Vincent Court, Novi, MI 48375
Phone: (248) 536-3100 Fax: (248) 536-3098
Online: <http://tlm.lib.mi.us>

Continuing Education/Workshop Proposal

Sponsoring Committee: _____ Program Chair: _____ Library: _____

Proposed Date: _____ Time: _____ Location: _____

Title/Description of Program: _____

Proposed Budget

SPEAKER(s)

Name: _____

Address: _____

Speaking Fee(s): _____

Travel Expenses

Airfare: _____ Mileage: _____ Hotel: _____ Other: _____

Total Travel Cost: _____

REFRESHMENTS

Snacks: _____ Lunch: _____

Provided By: _____

Total Refreshment Cost: _____

PRINTING COSTS

OTHER COSTS

Description/Provider: _____

Description/Provider: _____

Description/Provider: _____

TOTAL COSTS

PROPOSED REVENUE

Registration Fee _____

Estimated Attendance _____

ESTIMATED REVENUE

NET COST (PROFIT)

STEERING COMMITTEE APPROVAL _____ DATE _____

TLN DIRECTOR APPROVAL _____ DATE _____

Submit this form to The Library Network Controller, after approval.

YOU MUST HAVE INVOICES TO RECEIVE REIMBURSEMENT OR PAY VENDORS.

Submit the invoices to The Library Network Controller with a notation of the workshop date and title.



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Agreement made this _____ day of _____, 20____ by and between The Library Network, a Michigan Library Cooperative, hereinafter called "TLN" and _____ hereinafter called "Speaker".
For and in consideration of \$ _____ to be paid by TLN to Speaker, in full, no later than 15 days after conclusion of the program hereinafter specified, Speaker shall provide to TLN the following named or described program.

Date of Program:

Time of Program:

Title of Program:

TLN Committee(s) Sponsoring Program:

Correspondent on behalf of TLN:

Library:

Address:

Business Phone:

Home/Mobile Phone:

Location of Program:

1. Description of Program:
2. Payment: TLN will pay a fee of \$ _____ to be mailed to Speaker no later than 15 days following presentation of the program on _____, 20____.
3. Expenses: (Fill in, cross out, or modify, as appropriate)
 - a. TLN will provide transportation reimbursement in the following manner: current IRS mileage reimbursement rate, map mileage as determined by TLN; or reimburse coach or economy air fare and necessary ground transportation, excluding rental cars, or _____.
 - b. TLN will provide a hotel room, including room taxes, for up to _____ nights. TLN will provide or reimburse meals including tip and taxes, but excluding wine or alcohol for up to _____ meals. (Personal expenses such as phone calls, souvenirs, alcoholic beverages, etc. are not reimbursable.)
4. Special Conditions:

Signature of Speaker

Speaker's Social Security Number *

Address of Speaker

Date

Controller, The Library Network