



**Southwest  
Wisconsin  
Library System**

## Continuing Education Expense Form

Submit this form to SWLS CE Validator, Shauna Koszegi, and attach all necessary receipts for your reimbursement. SWLS will reimburse the library or the applicant in **one** check for all approved expenses. Please allow 4-6 weeks for SWLS to process your reimbursement.

Name: \_\_\_\_\_ Library: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Address to Send Check: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

	Short Description	Amount
<b>Registration, Tuition, or Training Fee</b> See <a href="http://www.swls.org/library-staff/ce-scholarships">www.swls.org/library-staff/ce-scholarships</a> for a list of eligible expenses.		
<b>Mileage and Transportation</b> Mileage is reimbursed at the <i>Federal rate</i> of \$0.67/mile. List parking and other transportation expenses separately (bus, train, etc.)		
<b>Meals</b> Detailed receipts for all meals must be provided.		
<b>Lodging</b>		
<b>TOTAL AMOUNT:</b>		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Admin Use Only:**

Date Received: \_\_\_\_\_ CE Validator Initials: \_\_\_\_\_ SWLS Director Approval: \_\_\_\_\_

Account Code: \_\_\_\_\_ Check Cut: \_\_\_\_\_ Check Number: \_\_\_\_\_

**SWLS will reimburse the payee and plans to seek reimbursement through the LSTA Leadership Fund grant.**