Southwest Michigan Library Cooperative
Meeting Refreshment Reimbursement Request Form

Host Library: _____

Meeting Name / Type: ☐ Board Meeting ☐ Director Meeting ☐ Committee Meeting ☐ Training/Workshop ☐ Other: _____

Meeting Date: _____ Location of meeting: _____

Expected Attendance _____

Expense Information:

Vendor *Can write 'see receipt' if info obvious on receipt	Description of Food / Beverage	Total Cost

Subtotal (Food & Beverages): $_____

Delivery Fees (if applicable): $_____

Tip / Gratuity: $_____

Total Reimbursement Requested: $_____

Certification:

I certify that these expenses were incurred for an official Southwest Michigan Library Cooperative meeting and comply with the Cooperative's Meeting Refreshment Reimbursement Guidelines. Itemized receipts are attached.

Submitted By: _____ Title / Position: _____

Host Library: _____ Date Submitted: _____

For Cooperative Use Only:

Approved By: _____ Date Approved: _____

Amount Approved: $_____ Payment Date: _____

Please attach itemized receipts. Requests should be submitted within 30 days of the meeting.