

Individual Conference Reimbursement

I, _____ (please print name), certify that (1) I will use my personal remote access device for business use, as well as personal use, and (2) the cost of my remote access plans exceeds the \$35 monthly reimbursement that I will receive from ALA.

I understand that the reimbursement will occur after the conclusion of an Association/Divisional Conference* I was required to attend in recognition of the fact that during the conference, I was required to be available throughout the conference.

Conference Name

Conference Date(s)

Employee Printed Name

Employee Signature

Employee Unit

Supervisor Printed Name

Supervisor Signature

Date

** A certificate must be completed after each conference attended.*