

ITEM NUMBER: 7.09 a-b
CHAPTER 7: Administrative
Management
CODE: Procedure

Title: Workshop, Conference, and Meeting Authorization Form
Effective Date: 1984
Authorized By: Library Director
Date of Last Revision: 11-2023

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MARATHON COUNTY PUBLIC LIBRARY
WORKSHOP, CONFERENCE AND MEETING AUTHORIZATIONS FORM

This form must be completed if any of the following hold true:

1. You will attend on work time.
2. You will want mileage reimbursement.
3. You will want reimbursement for expenses.

If plans change and you do not attend the approved workshop/conference/meeting, you must notify the Administration Office.

- A) Meeting/Workshop/Class title: _____
- B) Date(s): _____
- C) Work hours required for attendance: _____
- D) **Actual** workshop hours (not including lunch or travel time): _____
- E) Cost:
- | | |
|-------------------------------------|-----------------|
| Registration | \$ _____ |
| Lodging | \$ _____ |
| Meals: Breakfast-Maximum of \$10.00 | \$ _____ |
| Lunch -Maximum of \$15.00 | \$ _____ |
| Dinner -Maximum of \$25.00 | \$ _____ |
| Other: | \$ _____ |
| TOTAL | \$ _____ |

- F) Estimated miles _____ Estimated mileage cost or flat rate \$ _____
- G) How much (in dollars) would you be willing to contribute to attend? _____
- H) Please make sure Administration is aware of any payments that need to be made.
- I) How does this meeting/workshop/class apply to your job? _____
- J) Include a copy of the agenda or description of workshop.

Employee Signature/typed Date _____
Manager's Signature/typed Date

Manager comments: _____

Note: 1) A brief written report may be turned into the Admin. Office within 14 days of meeting date.
 2) Receipts must be attached to reimbursement statement within 14 days for payment.

Authorized attendance Cost reimbursement authorized Mileage reimbursement authorized

Library Director Signature/typed Date