



STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING

RICK SNYDER
GOVERNOR

BRIAN J. WHISTON
STATE SUPERINTENDENT

CE Stipend Reimbursement Form

Date: _____
Attendee Name: _____
Library Name: _____
Approved Stipend Amount from application: \$ _____

Type	Actual Expense Amount Reimbursement Requested	Amount Approved (LM use only)
Airfare		
Mileage*		
Registration		
Lodging		
Per Diem		
Total		

*Mileage: Starting Address: _____
*Mileage: Ending Address: _____

I certify that this is an accurate accounting of expenses.

Applicant Signature Date

You must attach receipts showing payment for all expenses, except mileage and food. Reimbursements will not be processed without receipts. Library of Michigan staff will process the form and notify your library of the final approved amount, at which point, your library will invoice the Library of Michigan for that amount. Airfare, Mileage, Lodging, And Per Diem rates will be reimbursed at the federal allowable rates at www.gsa.gov/mileage and www.gsa.gov/perdiem. Questions? Call Karren Reish at 517-241-0021 or reishk@michigan.gov.

Return this form in one of the following ways:

- Scan and return as an email attachment to atkine@michigan.gov
- Fax to 517-373-5700
- Mail: Continuing Education Program, Library of Michigan, PO Box 30007, Lansing, MI 48909-7507

LIBRARY OF MICHIGAN