

**FY2012 Continuing Education Grant Reimbursement and Final Report Form
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Gather original receipts, complete this three page form, photocopy both the form and receipts for your records, attach receipts and conference program or workshop agenda to this form, and mail packet to:

**Continuing Education Grants
Alaska State Library
344 West Third Avenue, Suite 125
Anchorage, AK 99501**

Approved reimbursements will be forwarded to the Alaska State Library in Juneau for payment with Library Services and Technology Act funds awarded to the Alaska State Library by the Institute of Museum and Library Services.

Applicant Name: _____

Applicant's Library: _____
(The reimbursement check will be made out to the library.)

Address for reimbursement check: _____

ALLOWABLE REIMBURSABLE CONTINUING EDUCATION EXPENSES

Registration or Tuition Fees (Attach original receipts for these costs. Please include a copy of the conference program or workshop agenda with this reimbursement claim.) \$ _____

Supplies Required for CE Event (Attach original receipts) \$ _____

Cost of travel (Attach receipt or e-ticket showing total cost of ticket.) \$ _____

OR

Mileage: Round-trip miles from home to training: _____ times 55.5 cents per mile = \$ _____
(Mileage start and stop total must be recorded on State of Alaska Mileage Reimbursement Form, available by calling 269-6570. Traveler must live MORE than 50 miles from training city to claim mileage.)

Lodging (Attach original hotel receipt for proof of lodging.) \$ _____

Per Diem (Number of days participant was at CE: _____ times \$60 per day = \$ _____
(Per Diem will be pro-rated based on the actual time applicant was away from home. The State of Alaska pays \$60 per day for meals, regardless of the per diem rate paid by the applicant's employer.)

Local ground transportation or parking (Attach receipts for these costs.) \$ _____

TOTAL REIMBURSEMENT CLAIM \$ _____

I, the undersigned, do hereby certify that this claim is a just, due and unpaid obligation against the Alaska State Library. I certify that it is a correct claim for expenses incurred by me and that no payment has been received on account thereof.

Applicant's Signature _____

Date _____

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Applicant Name: _____

Name of Applicant's Library: _____

Title of CE Event: _____

1. Did you receive any TRAINING on the following topics? Check ALL that apply.

Library Technology, Connectivity, and Services

- Automating library catalogs
- Community information centers
- Computer hardware or software
- Digitizing library collections
- GIS (geographic information systems)
- Interlibrary loan
- Internet skills
- Negotiating licenses for commercial databases
- Networking computers
- Retrospective conversion of library catalogs
- Technical training in library computers programs
- Videoconferencing equipment and connections
- Other library technology topics: _____

Services for Lifelong Learning

- 24-7 Online reference services
- After school programs
- Babies and books programs
- Computer literacy training
- English as a second language
- Homework help services
- Information literacy training
- Library program development techniques
- Literacy for children, adults, and families
- Online and distance education
- Summer reading programs
- Other lifelong learning topics: _____

Services to People Who Have Difficulty Using Libraries

- Assistive technologies and devices
- Bookmobiles
- Computer van services
- Outreach services
- Prison and jail library services
- Services for migrant workers or non-English speakers
- Services to nursing homes and other institutions
- Services to people with physical or learning disabilities
- Talking book services
- Other topics on serving special populations of patrons: _____

