## **LIBRARY BOARD OPERATIONS APPENDIX 1A**

## **FORM 1.9 - EXPENSE CLAIM**

Year:	For the Month of :
Name:	
Honorariums for Board/Committee Mem	bers: \$40.00
Per Diem for Board/Committee Members for functions and Personal Development	
\$150.00/full day (4+ hours including travel time)	
\$100.00/half day (less than 4 hours including travel time) \$40.00/Personal Development session (less than 2 hours including travel time)	
Financial Coding for Town: 01-700-60-270013	
DATE:  Meeting or Event:  Duration:  Location:	Per Diem Amount:  Honorarium Amount:
DATE:	
Meeting or Event: Duration:	
Location:	
DATE:	_
Meeting or Event:	
Duration:	Honorarium Amount:
Location:	_
	Total Claim:
Board Chair:	
Claimant:	Treasurer:

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