

## 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.**