



Conference Request

Name (ALA #1235072)
Conference/Workshop/Class PLA Biennial Conference
Location Minneapolis, MN
Date April 1-3, 2026

I estimate my expenses as follows:

Complete the following areas if any portion of the expenses will be paid/reimbursed by the county.

Registration \$364 *Please include registration form, member number and event schedule*

Travel \$ 1,634.00
Method flight

Mileage (if applicable) _____ *see mileage table or consult Google Maps*
Other (airfare, parking, etc.) \$ 45.00
Total \$ 420.00

Please include hotel confirmation paperwork with this request
Lodging *this request*
Name of Hotel Hilton Centric
Number of nights 4
Rate/night \$ 200.00
Total \$ 800.00

Total Per diem (from calculator) \$ 414.00

GRAND TOTAL \$ 1,998.00

☐ Approved by supervisor

this form does not need to be forwarded to Administration if no county funds are being used

☒ Approved by Library Director

Director approval is only needed if county funds are being used.



Conference Request

Name (ALA #1269724)
Conference/Workshop/Class PLA Biennial Conference
Location Minneapolis, MN
Date April 1-3, 2026

I estimate my expenses as follows:

Complete the following areas if any portion of the expenses will be paid/reimbursed by the county.

Registration \$364 ***Please include registration form, member number and event schedule***

Travel \$ 1,634.00
Method flight

Mileage (if applicable) _____ ***see mileage table or consult Google Maps***
Other (airfare, parking, etc.) \$ 45.00
Total \$ 420.00

Please include hotel confirmation paperwork with this request
Lodging ***this request***
Name of Hotel Hilton Centric
Number of nights 4
Rate/night \$ 200.00
Total \$ 800.00

Total Per diem (from calculator) \$ 414.00

GRAND TOTAL \$ 1,998.00

☐ Approved by supervisor

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Conference Request

Name (ALA #2329298)
Conference/Workshop/Class PLA Biennial Conference
Location Minneapolis, MN
Date April 1-3, 2026

I estimate my expenses as follows:

Complete the following areas if any portion of the expenses will be paid/reimbursed by the county.

Registration \$364 *Please include registration form, member number and event schedule*

Travel \$ 1,634.00
Method flight

Mileage (if applicable) _____ *see mileage table or consult Google Maps*
Other (airfare, parking, etc.) \$ 45.00
Total \$ 420.00

Please include hotel confirmation paperwork with this request
Lodging *this request*
Name of Hotel Hilton Centric
Number of nights 4
Rate/night \$ 200.00
Total \$ 800.00

Total Per diem (from calculator) \$ 414.00

GRAND TOTAL \$ 1,998.00

☐ Approved by supervisor

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