

Conference Request

Name	(ALA #1235072)				
Conference/Workshop/Class	PLA Biennial Conference				
Location	Minneapolis, MN				
Date	April 1-3, 2026				
I estimate my expenses as follow	ws:				
Complete the following areas if any p	portion of the expenses wi	ll be paid/reimbursed by the county.			
		Please include registration form, member			
Registration	\$364	number and event schedule			
	<u>·</u>				
Travel	\$ 1,634.00				
Method	flight				
		 see mileage table or consult			
Mileage (if applicable)		Google Maps			
Other (airfare, parking, etc.)	\$ 45.00				
Total	\$ 420.00				
	Please include hotel conf	irmation paperwork with			
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	cuparvicor				
□ Approved by	Super visor				
	Alada Carana alama a anal a carata da de C				
	this form does not need to be forwa	irded to Administration if no county runds are being used			
☑ Approved by		irded to Administration if no county funds are being used			



Conference Request

Name	(ALA #1269724)				
Conference/Workshop/Class	PLA Biennial Conference	9			
Location	Minneapolis, MN				
Date	April 1-3, 2026				
I estimate my expenses as follow	ws:				
Complete the following areas if any p	portion of the expenses will b	e paid/reimbursed by the county.			
Registration _	\$364	Please include registration form, member number and event schedule			
Travel	\$ 1,634.00				
Method	•				
		see mileage table or consult			
Mileage (if applicable)		Google Maps			
Other (airfare, parking, etc.)	\$ 45.00				
Total	\$ 420.00				
Lodging Name of Hotel	Please include hotel confirm this request Hilton Centric	nation paperwork with			
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	cupanicar				
□ Apploved by	·	d to Administration if no county funds are being used			
	tills formi does not need to be forwarded	d 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	A #2329298	3		
Conference/Workshop/Class	PLA	Biennial Co	onference		
Location	Minneapolis, MN				
Date	Apri	1-3, 2026			
I estimate my expenses as follow	ws:				
Complete the following areas if any p	oortio	n of the expe	enses will be p	aid/reimbursed by the county.	
				Please include registration form, member	
Registration	\$364			number and event schedule	
				_	
Travel	\$	1,634.00			
Method	fligh	nt		_	
				see mileage table or consult	
Mileage (if applicable)				Google Maps	
Other (airfare, parking, etc.)		45.00			
Total	\$	420.00			
La data a			tel confirmati	on paperwork with	
Lodging Name of Hetal		-			
Name of Hotel	ппис	4			
Number of nights Rate/night	<u> </u>	200.00			
Total		800.00			
Total					
Total Per diem (from calculator)	Ś	414.00			
,					
GRAND TOTAL	\$	1,998.00			
☐ Approved by	supervi	sor			
	this for	m does not need	to be forwarded to	Administration if no county funds are being used	
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☑ Approved by	Library	Director			
Director approval is only needed if county funds are being used.					