



Submit to:

Scott Clonan NLA, Finance Chair
West Charleston Library
LVCCLD
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NEVADA LIBRARIES ASSOCIATION

Budget Request Form

Year - 2012

Officer/ Function Title:

Name of Office Holder:

Mailing Address:

City:

State: Zip Code:

Telephone:

FAX:

E-mail Address:

Summary of Projects, Programs or Activities planned for the Year

Include possible dates, speakers, target group(s) and co-sponsor(s) if any.

Conference Programs or Activities:

Include possible speakers, target group(s) and co-sponsor(s) if any.

Operating expenses requested

Conference expenses requested

Total NLA Funds Requested