



IslandLink Library Federation
 3185 West Road
 Nanaimo, BC V9R 6X1
 1-855-927-2005
lbeswick@islandlink.ca
<http://www.islandlink.ca>

STAFF SHARING FUNDING REQUEST FORM

Part A: Request for Funding

IslandLink will fund site visits for approved Staff Sharing projects

Visiting library:	Staff involved:
Hosting library:	Staff involved:
Date of visit:	
Describe purpose of Staff Sharing Project: [attach additional pages if needed]	
Duration and Schedule for the visit: [attach additional pages if needed]	
Estimated Project Budget: refer to current IslandLink Travel Policy	
Mileage: distance x current rate/km	
Ferries	
Accommodation	
Per Diem	
Other : specify	
Estimated total amount to be requested from IslandLink	

APPROVAL:

Signature of Library Director (visiting): _____

Signature of Library Director (hosting): _____

Date of form submission: _____



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STAFF SHARING FUNDING REPORT FORM

Part B: Report & Payment Claim

To be submitted within 30 days of the site visit date.

Visiting library:	Staff involved:
Hosting library:	Staff involved:
Date of visit:	

Please attach report(s) on the site visit, including benefits, knowledge exchanged and any other outcomes.

Please attach IslandLink Travel Expense form(s) with receipts.

This report is submitted by (name/library):

Visitor:
Host:

APPROVAL:

Signature of Library Director (visiting): _____

Signature of Library Director (hosting): _____

Date of form submission: _____