



**Submit to:**  
John Crockett NLA, Finance Chair  
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# NEVADA LIBRARIES ASSOCIATION

## Budget Request Form

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**