

SENYLRC's MISP REIMBURSEMENT FORM

SENYLRC will reimburse your library for lending charges when borrowing a medical/consumer health item from a resource library in the National Network of Libraries of Medicine (NN/LM).

INSTRUCTIONS

- Complete the form below.
- Include name, phone number and email address for library staff member submitting this form.
- List each ILL request below and attach a copy. (Include proof that these requests were filled by an NN/ LM document delivery provider. Examples of proof include photocopy of IFM statement or an invoice from the resource library.)
- We suggest submitting reimbursement requests quarterly unless the total exceeds \$50.00 per month. All requests for the last quarter of the fiscal year (April – June) should be submitted by the second week in July.
- Submit requests by the 15th of the month. Requests received after the 15th will be paid the following month.
- If you have questions, please call Southeastern at (845) 883-9065.
- Fax this form to the attention of Pamela Wolven (845) 883-9483 or mail to her:
Attn: Pamela Wolven, SENYLRC, 21 S. Elting Corners Rd., Highland, NY 12528

REIMBURSEMENT OF MEDICAL INTERLIBRARY LOANS THROUGH MEDICAL INFORMATION SERVICE PROGRAM (MISP)

Date _____

Your name _____ Email address _____

Library phone number _____

Library name _____

Address _____

Make check payable to _____

Total reimbursement amount requested \$ _____

	Date of request	ILL method used (OCLC or Docline)	ILL #	Supplying library	Payment method used (IFM, invoice)	Cost
1						
2						
3						
4						
5						
6						
7						
8						
						\$

(Total Reimbursement)