

Kansas Library Express

Agreement to Participate – Indirect Service Libraries January 1 – December 31, 2026

c/o Northeast Kansas Library System, 4317 West 6th Street, Lawrence, KS 66049
<http://kslibexpress.mykansasklibrary.org/>

Participation Agreement Overview

The undersigned library agrees to participate in the Kansas Library Express courier service from **January 1 through December 31, 2026**. There is no charge from Kansas Library Express for indirect service at this time. Arrangements for payment for the service are between the library receiving delivery and the indirect service library. Libraries closed for **one month or longer** may suspend delivery.

Terms and Conditions:

1. **KICNET Participation**

Participation in **KICNET** state-wide interlibrary loan is required for all libraries. For regional systems of cooperating libraries, participation is optional. Libraries should maintain a minimal postage budget to cover occasional shipments to libraries not using courier service.

2. **Courier Statistics Submission**

Libraries are required to submit **monthly courier statistics**. Failure to provide these statistics may result in additional fees or suspension of service.

3. **Missed Service Days**

Occasional unscheduled missed service days may occur; however, no reimbursement will be provided for these missed days.

4. **Handling Misdeliveries**

In the event of a misdelivery, libraries should place the misdelivered items out for pickup by the courier on the **next scheduled service day**.

5. **Mileage Costs**

Libraries or their individual employees will not be reimbursed for mileage if they transport Kansas Library Express (KLE) materials.

Volume Estimates:

Indirect service is offered to libraries with low volume shipping at no charge. Full participation as a Kansas Library Express courier library is encouraged for locations with volume sufficient to warrant regular delivery service.

NOTE: Each regional system of cooperating libraries may support interlibrary loan resource sharing in some fashion. **Libraries should contact their regional system for further information.**

Signature:

Please sign and return the **Participation Agreement** and **Directory Form** to the address listed above.

Library Name: _____

Delivery location: _____

Authorized Signature: _____

Authorized Name (Printed): _____

Title: _____ **Date:** _____