

EXPENSE VOUCHER

This form should be submitted to PCLS for reimbursement of expenses associated with a program.

Grant Program Name: _____ **Program Date(s):** _____

Program Location: _____ **Unique I.D. #** _____

Vendor Name: _____
(Newspaper, radio, community center, hotel, bookseller, etc.)

Vendor Address: _____ **Phone:** _____
(Street or P.O. Box #)

(City, State, Zip Code)

Please use a separate voucher for each vendor.

Expense Category:

Note: Invoices must be attached to voucher

PCLS use only:

REGIONAL LEGACY

- _____ 5-700-64000 (Adv)
- _____ 5-700-63002 (T/E)
- _____ 5-700-60005 (Mat)
- _____ 5-700-80000 (Col)
- _____ 5-700-69000 (Art)
- _____ Other

Advertising/Marketing (attach sample ads) \$ _____

Technology/Equipment Rental \$ _____

Consumable Materials (copies, art supplies, etc.) \$ _____

Collection (not to exceed 10% of total funding) \$ _____

Other (explain) \$ _____

TOTAL \$ _____

Library use only:

Signature (Library Representative): _____

Print Name: _____

Library: _____



**Submit this form to: Plum Creek Library System, P.O. Box 697, Worthington, MN 56187
rhudson@plumcreeklibrary.net**