SPEAKER VOUCHER

This form should be submitted to PCLS by the library hosting the program.

Grant Program Name: ________________________________ Program Date(s): ________________

Program Location: ________________________________ Unique ID#: __________________

Multiple Program Location: ________________________________ Unique ID#: __________________

Multiple Program Location: ________________________________ Unique ID#: __________________

Multiple Program Location: ________________________________ Unique ID#: __________________

Artist/Author/Performer/Presenter: ________________________________

(PLEASE PRINT)

Signature: __________________________________________

Address: ___________________________________________ Phone: _______________________

City/State: __________________________________________ Email: _______________________

Contracted Services/Honorarium: $ __________

PCLS use only:

REGIONAL LEGACY
____ 5-700-68100 (Speaker)

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

Revised 11/9/18