

# ***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:** \_\_\_\_\_

*PCLS use only:*

REGIONAL LEGACY

\_\_\_\_\_ 5-700-68100 (Speaker)

**Contracted  
Services/Honorarium:**

\$ \_\_\_\_\_

*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**