

# TRAVEL EXPENSE VOUCHER

*This form should be submitted to Plum Creek Library System  
for reimbursement of travel expenses.*

**Program Name:** \_\_\_\_\_ **Program Date(s):** \_\_\_\_\_

**Program Location:** \_\_\_\_\_ **Unique I.D. #** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
(Street or P.O. Box #)

\_\_\_\_\_  
(City, State, Zip Code)

## Expense Category:

*Note: Invoices must be attached to voucher*

**Food/Lodging (attach receipts)** \$ \_\_\_\_\_

**Travel Actual miles:** \_\_\_\_\_ \$ \_\_\_\_\_

**Other (explain)** \$ \_\_\_\_\_

*(Attach copy of Rand McNally mileage calculator or Mapquest to verify mileage)*

*<http://maps.randmcnally.com/mileage-calculator.do>*

*<https://www.mapquest.com/>*

*PCLS use only:*

REGIONAL LEGACY  
\_\_\_\_ 5-700-68100 (Travel)

**Total Amount to be Paid:** \$ \_\_\_\_\_

*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**