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/

Total Amount to be Paid: $________

PCLS use only:
REGIONAL LEGACY ______ 5-700-68100 (Travel)

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