



# EXPENSE VOUCHER

*This form should be submitted to PCLS within the month that the program was held.*

*Please use a separate voucher for each vendor.*

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)

## 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

<b>Advertising/Marketing (attach sample ads)</b>	\$ _____
<b>Technology/Equipment Rental</b>	\$ _____
<b>Consumable Materials (copies, art supplies, etc.)</b>	\$ _____
<b>Collection (not to exceed 10% of total funding)</b>	\$ _____
<b>Other (explain)</b>	\$ _____
<b>TOTAL \$</b>	_____

*Library use only:*

Signature (Library Representative): \_\_\_\_\_

Print Name: \_\_\_\_\_

Library: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

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

*This project was funded in part or whole with money from the vote of the people of Minnesota on November 4, 2008, which dedicated funding to preserve Minnesota's arts and cultural heritage.*