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) $_______

(Apply 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 5-700-10000 (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 7/29/22