

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
_____ 5-700-10000 (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**