

NORTH STATE COOPERATIVE LIBRARY SYSTEM
TRAVEL EXPENSE CLAIM

Use Private Car Mileage Expense Claim for routine local travel. Submit this form immediately following each trip to: **NSCLS Headquarters 55 E St. Santa Rosa, CA 95404-4728**. Detail all expenses on **Page 2** of this form. Receipts **must be attached** for all expenses exceeding \$10.00.

Name: _____ **Position:** _____

Home Address: _____

Claim Description & Dates: _____

Destination(s): _____

Claim Summary: (Please provide detail on Page 2 of this form.)

	<u>Personal Expense</u>	<u>Cal Card Expense</u>	<u>Receipt</u>
Private Car Expense Total:	_____	_____	_____
Airfare or other major transportation:	_____	_____	_____
Car Rental, Taxi:	_____	_____	_____
Meals:	_____	_____	_____
Hotel:	_____	_____	_____
Tips:	_____	_____	_____
Other:	_____	_____	_____
Sub-total:	\$0.00	\$0.00	
Less cash advance:	_____		
Less other deductibles:	_____		

TOTAL CAL CARD EXPENSE: \$0.00

For Cal Card Expense, please make check payable to: US Bank

TOTAL CLAIMED: \$0.00

Charge to: **Other:** _____

READ AND SIGN: I request reimbursement for conference and travel expenses detailed herein, which I incurred in conjunction with my duties with North State Cooperative Library System; and that said expenses, to the best of my knowledge, are true and correct.

Claimant's Signature: _____ Date: _____

NSCLS OFFICE USE ONLY: **Expenditure Code:** _____

Approved by Supervisor: _____ Date: _____

Approved by Administrator: _____ Date: _____