

# NorthNet Library System Reimbursement Request Form



Please complete this form, attach original detailed receipt(s) and send to:

NorthNet Library System  
32 West 25th Ave., Suite 201  
San Mateo, CA 94403

### 1. Transportation other than personal car

Type	Amount
a. _____	_____
b. _____	_____

Sub-total \_\_\_\_\_

### 2. Personal car (not to exceed cost of airfare)

Miles: _____ (@ \$0.575)	_____
Tolls: _____	_____
Parking _____	_____

Sub-total \_\_\_\_\_

### 3. Other (specify)

a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____

Sub-total \_\_\_\_\_

**TOTAL AMOUNT OF REIMBURSEMENT REQUESTED:**

**NAME OF MEETING:** \_\_\_\_\_

**MEETING DATE AND LOCATION :** \_\_\_\_\_

Reimbursement will be made by check payable to the name requested below and sent to the following address (please type or print clearly)

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

Address: \_\_\_\_\_

\_\_\_\_\_

Day Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

**NOTE: ALCOHOL, ENTERTAINMENT (MOVIES, ETC) ARE NOT REIMBURSABLE EXPENSES.**