

REIMBURSEMENT REQUEST FORM FY21/22 (Travel Only)

EVENT / PROJECT NAME:			
LOCATION:		DATE:	

TRAVEL (Transportation other than personal car)

Item	Category	Description	Cost
1.			
2.			
Sub-Total:			

PERSONAL CAR (not to exceed cost of airfare)

Miles:		X \$0.585 (IRS Mileage Rate)	
Tolls:			
Parking:			
Sub-Total:			

OTHER (Specify)

1.		
2.		
3.		
Sub-Total:		

TOTAL AMOUNT OF REIMBURSEMENT REQUESTED:	
-------------------------------------------------	--

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:			
City:		State:	
		Zip Code:	
Email:		Phone #:	
Signature:		Date:	
Print Name:			

NOTE: ALCOHOL, ENTERTAINMENT (MOVIES, etc.) ARE NOT REIMBURSABLE EXPENSES.
Please attach all Invoices, Receipts, Presenter Contracts, Packing Slips, or related documentation.

The **completed** and **signed** claim form can be submitted as a PDF attachment (**must be legible**) via email to:

NLSClaimReimbursements@plpinfo.org

or by mail with an original signed signature to:

NorthNet Library System
Attn: Accounting Department
32 W. 25th Ave., Suite 201,
San Mateo CA, 94403