

REIMBURSEMENT REQUEST FORM FY22/23 (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:		<input checked="" type="checkbox"/> \$0.655 (IRS Mileage Rate)	
Tolls:			
Parking:			
Sub-Total:			

OTHER (Specify)

1.		
2.		
3.		
Sub-Total:		

TOTAL AMOUNT OF REIMBURSEMENT REQUESTED:	
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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