

REIMBURSEMENT REQUEST FORM FY23/24 (Travel Only)

EVENT / PROJECT NAME:			
LOCATION:		TRAVEL DATES:	

AIRFARE; GROUND TRANSPORTATION (other than personal car) – Public Transit, Ride-Sharing, Taxi, Train

Item	Category	Description	Cost
1.			
2.			
3.			
4.			

Sub-Total:

PERSONAL CAR (not to exceed cost of airfare)

Miles:		X \$0.67 (IRS Mileage Rate*)	
Tolls:			
Parking:			

Sub-Total:

HOTEL/LODGING; MEALS (specify)

1.		
2.		
3.		
4.		

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:		

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

Please attach all invoices, payment receipts, mileage maps, and 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