

## REIMBURSEMENT REQUEST FORM FY24/25 (Travel Only)

EVENT / PROJECT NAME:			
LOCATION:		TRAVEL DATES:	

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

Item	Category	Description	Cost
1.			
2.			
3.			
4.			
<b>Sub-Total:</b>			

### PERSONAL CAR (not to exceed cost of airfare)

Miles:		<input checked="" type="checkbox"/> \$0.67 (IRS Mileage Rate*)	
Tolls:			
Parking:			
<b>Sub-Total:</b>			

### HOTEL/LODGING; MEALS (specify)

1.			
2.			
3.			
4.			
<b>Sub-Total:</b>			

**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 detailed and itemized 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