

TRAVEL, MEAL AND LODGING EXPENSE REIMBURSEMENT FORM

Name of Official or Employee: _____

Title/Position of Official or Employee: _____

Name and Date of the Activity/Event: _____

Check Number (if applicable): _____

Credit Card Receipt Number (if applicable): _____

Description of the purpose of the expense:

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable):

Mileage: _____

Meals: _____

Parking: _____

Hotel/Lodging: _____

Car rental: _____

Airfare: _____

Other Transportation (bus, train, taxi, car share, shuttle, etc.): _____

Employee's/Officer's Signature: _____

Date: _____

Library Manager's Authorization: _____

Date: _____

ATTACH ALL RECEIPTS