

**Superiorland Library Cooperative
1615 Presque Isle Avenue
Marquette, Michigan 49855**

TRAVEL REIMBURSEMENT FORM

Name of Traveler: _____
 Destination: _____
 Dates of Travel: _____
 Purpose of Travel: _____

TRANSPORTATION TO DESTINATION

Miles @ \$0.535
 Miles @ \$0.535

ACCOMMODATIONS: Hotel/Motel
 (state rates \$75. plus tax)

MEALS	Breakfast	Lunch	Dinner	Totals
State Rates	\$ 8.50	\$ 8.50	\$ 19.00	
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Totals _____
 Taxi/Bus/Bridge Toll _____
 Total Expenses _____
 Less: Advance _____
 Amount Due _____

Signature _____
 Dated _____

Make check payable to:	_____
Mail check to this address:	_____

