

**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 @	\$0.585	
		Miles @	\$0.585	

ACCOMMODATIONS: Hotel/Motel _____
 (state rates \$95. 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: _____