Western Council of State Libraries

01/19/2018

Travel Reimbursement Form

Name: _____ **Institution:** _____

Address: _____ **Phone:** _____

_____ **Fax:** _____

_____ **Email:** _____

_____

Check one: **Purpose:** _____

☐ Staff Exchange ☐ WCSL meeting ☐ Other

Pay to the order of: ☐ The Institution ☐ The Individual

Expenses

Compensation Rate = Actual hourly salary plus fringe benefits

Date	Itemized Explanation of Expense		Total
	Enter # miles:	miles @ prevailing rate	0.000

Grand Total: 0.00

Comments: _____

_____

_____

_____

I certify that this statement is accurate for the actual expenses that were incurred by me.

Signature: _____ **Date:** _____

Scan and email the form and receipts to: westco@amigos.org
- OR - mail this form and all original receipts to:
Western Council of State Libraries Fiscal Officer, Amigos Library Services 1190 Meramec Station Road, Suite 207, Ballwin, MO 63021-6902 Phone: 800-843-8482 x2895; Fax: 636-529-1396

Audited by: _____ **Date:** _____

Travel Expense Policy: http://www.westernco.org/sites/default/files/wc_policy_travel.pdf