TRAVEL EXPENSE VOUCHER

LINCOLN TRAIL LIBRARIES SYSTEM
1704 W. Interstate Drive
Champaign, Illinois 61822

Name _____ Date _____

Mailing Address _____

Check one: _____ LTLS Board _____ LTLS Staff _____ CE Presenter _____ Other

Travel Purpose/Event _____

DATE	EVENT OR DESTINATION	ROUND TRIP MILEAGE	PROGRAM CODE	MEALS	ROOM OR ROOM AND BOARD	PARK	PHONE	OTHER	TOTAL
								GRAND TOTAL	

Signature _____

Program Supervisor _____

Executive Director _____

Notes: - Attach all meal, parking, hotel, etc. receipts.
- Include number of round trip miles driven in personal vehicle (LTLS staff will compute mileage reimbursement rate).
- Program supervisor will assign program codes.

Business office use only	
Code	Total

8-96