

**LTLS CREDIT CARD USE/
TRAVEL EXPENSE VOUCHER**

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).

LINCOLN TRAIL LIBRARIES SYSTEM
1704 W. Interstate Drive
Champaign, Illinois 61822-1068

Name _____ Date _____

Mailing Address _____

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

Travel Purpose/Event _____

Date	LTLS Credit or Personal Payment	Event or Destination	Program Code __000-0000	Description (Mileage, Hotel, Meals, Parking, Taxi, etc...)	Total

GRAND TOTAL _____

Signature _____

Program Supervisor _____

Executive Director _____

Business Office Use Only

Code	Total