Collaborative Summer Library Program
953 6th Place SE
Mason City, IA 50401-5261
641-423-0005 voice / 641-424-5120 fax

Travel and Expense Voucher

Name:		Date:
Address:		
City: St: Zip: Phone:		

(ALL RECEIPTS MUST BE ATTACHED OR ACCOMPANY THIS TRAVEL CLAIM VOUCHER)

Travel Recap	Total	Comments/explanation
Round Trip airfare	$	
Airport parking	$	
Round Trip _____ Miles @ $0.58 (Indicate to and from	$	
Luggage Charge	$	
Ground Transportation	$	
Meals on Travel Days (recap below)	$	
Other (explain)_____	$	
Other (explain)_____	$	
TOTAL REIMBURSEMENT	$	

Date	Meals on Travel Days	Breakfast (B) Lunch (L) Dinner (D)	Comments
	$		
	$		
	$		
Sub-total	$	(transfer total to appropriate line above)	
Additional Comments:			

Claimant's Signature: _____

Date: _____

CSLP approval for payment: _____ Date: _____

June, 2019