NICOLET FEDERATED LIBRARY SYSTEM
1595 Allouez Ave, Suite 4
Green Bay, WI 54311

EXPENSE & TRAVEL REPORT 2021

(Please only submit one event per form.)

Library Name: _____ **Day Phone:** _____

Requestor/Traveler Name: _____ **Start Date:** _____

Make Check Payable to: _____ **End Date:** _____

Mail Check to this Address: _____

Purpose of Expense/Travel: _____

Should this be reimbursed from library's NFLS Continuing Education account? YES or NO _____

Mileage (use of own vehicle)					
Date	**Origin**	**Destination**	**Description/Notes**	**Miles Driven**	**Reimbursement @ $0.56/mile**

Other Expenses (meals, lodging, airfare, transportation, tips, fuel, phone, tools, purchases, etc.)*			
Date	**Expense Type**	**Description/Notes**	**$ Amount**

* Find meal rates on NFLS Travel Policy page: www.nfls.lib.wi.us/travel.html.

ATTACH ALL RECEIPTS FOR FULL REIMBURSEMENT

TOTAL:

Traveler Signature: _____ **Date:** _____

Enter any notes/comments below:

Updated 1/18/2021