BLACK GOLD COOPERATIVE LIBRARY SYSTEM Jan 1, 2022 REIMBURSEMENT CLAIM FOR TRAVEL/BUSINESS RELATED EXPENSES

| NAME (to be reimbursed): | DATE: | | |
|--------------------------|--------------|---|--|
| MAILING ADDRESS/LIBRARY: | | - | |
| Purpose of Trip: | <u> </u> | _ | |

MILEAGE EXPENDITURES (amounts will automatically be calculated when # of miles are inserted)

| Date | То | From | # of Miles | \$0.585 | per mile |
|---------------------------|----|------|------------|---------|----------|
| | | | | | \$0.000 |
| | | | | | \$0.000 |
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| | | | | | \$0.000 |
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| | | | | | \$0.000 |
| TOTAL MILEAGE EXPENDITURE | | | \$0.00 | | |

TOTAL MILEAGE EXPENDITURE

MISCELLANEOUS EXPENDITURES (YOU MUST ATTACH ORIGINAL RECEIPTS)

| Date | Paid To | Paid For | | , Amount |
|---------------------------------|---------|----------|---|-------------|
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| TOTAL MISCELLANEOUS EXPENDITURE | | \$0.00 | | |

0.00

TOTAL MILEAGE AND MISCELLANEOUS EXPENDITURE

YOUR SIGNATURE _____

APPROVAL _____

Please complete the form, attach original receipts, sign and submit to: Black Gold Cooperative Library System, Attention Accountant, 580 Camino Mercado, Arroyo Grande, CA 93420