

**BLACK GOLD COOPERATIVE LIBRARY SYSTEM**

**2023 REIMBURSEMENT CLAIM FOR TRAVEL/BUSINESS RELATED EXPENSES**

NAME (to be reimbursed): \_\_\_\_\_ DATE: \_\_\_\_\_

MAILING ADDRESS/LIBRARY: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

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

Date	To	From	# of Miles	\$0.655 per mile
				\$0.000
				\$0.000
				\$0.000
				\$0.000
				\$0.000
				\$0.000
				\$0.000
				\$0.000
				\$0.000
TOTAL MILEAGE EXPENDITURE				\$0.00

**MISCELLANEOUS EXPENDITURES (YOU MUST ATTACH ORIGINAL RECEIPTS)**

Date	Paid To	Paid For	Amount
TOTAL MISCELLANEOUS EXPENDITURE			\$0.00

TOTAL MILEAGE AND MISCELLANEOUS EXPENDITURE 0.00

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