

CRAWFORD COUNTY LIBRARY Policy Manual

Policy No. 412.1

Subject: Request for Reimbursement of Travel, Per Diem, Other Expenses

NAME: _____

PURPOSE: _____

DESCRIPTION:

- PER DIEM: Date: _____ Amount: _____

- TRANSPORTATION: Miles X Current Rate =

- LODGING: Rate X Days =

- MEALS: Breakfast \$8.00 Lunch \$12.00 Dinner \$17.00
 Dates and Amounts:

- Other expenses (Taxi, Bus, Bridge Toll, Parking, etc.)
 Dates and Amounts: _____

Total Expenses: \$ _____

Signature: _____ Date: _____

Directors approval for employee expenses: _____ Date: _____

ADOPTED: November 14, 2000

REVIEWED: June 9, 2016

AMENDED: June 9, 2016