



Travel Reimbursement Form

Reason for Travel: _____

Date(s): _____ Location: _____

Committee: Board ___ Legislative Issues ___ Membership & Marketing ___

Professional Issues ___ Summer Institute Planning ___ Volunteer Issues ___

Mileage

Number of miles traveled for this activity _____ x _____ cents/mile = \$ _____
(Enter current mileage rate) (Total mileage)

Literacy Action Network reimburses travel over 100 miles round trip at the 2011 federal rate of .555 per mile.

Travel Destination From: _____ To _____
(Please fill out one form for each trip) (City name) (City name)

Travel-related Expenses (Meals and Lodging) List items and amounts and attach original receipts. (Itemized bills are required for reimbursement.) Credit card statements will not be accepted as evidence of a receipt. Amounts are not to exceed the following limits: \$100.00 per night for lodging (including tax), \$8.00 for breakfast, \$10.00 for lunch, & \$17.00 for dinner.

_____ = \$ _____
_____ = \$ _____
_____ = \$ _____

Total to be paid for reimbursement: = \$ _____

Make check payable to:
(A separate form must be submitted for each payee – i.e. reimbursements to consortium or agency for lodging, etc.)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ E-mail: _____

I certify that the above request is correct and that expenses are Literacy Action Network business.

Signature Date

Please make a copy for your records and return completed forms with receipts within 60 days of travel to:
Vicki Otis, Minnesota Literacy Council, 700 Raymond Ave., Suite 180, St. Paul, MN 55114