

Council on Library and Information Resources
Request for Meeting Expense Reimbursement


Date of Meeting _____ / _____ / _____

Meeting Attended: _____

Name of Meeting Participant: _____

Name and address you wish
check to be forwarded to: _____

Description of Expenses

	<u>Amount</u>	<u>Account</u>	<u>Funding Source</u>	<u>Program</u>	<u>Project</u>
Travel Tickets	_____ .	_____	_____	_____	_____
Car Rental 	_____ .	_____ -	_____ -	_____ -	_____ -
Personal Car (@ \$.365 per mile) # Miles = _____	_____ .	_____ -	_____ -	_____ -	_____ -
Taxis	_____ .	_____ -	_____ -	_____ -	_____ -
Lodging	_____ .	_____ -	_____ -	_____ -	_____ -
Meals	_____ .	_____ -	_____ -	_____ -	_____ -
Other Expenses (Explain) _____	_____ .	_____ -	_____ -	_____ -	_____ -
Other Expenses (Explain) _____	_____ .	_____ -	_____ -	_____ -	_____ -
TOTAL: _____	_____ .	[For Accounting Use Only]			

Signature: _____
(Signature of person requesting expense reimbursement.)

Date: _____

Approval Signature: _____
(Signature of CLIR staff person responsible for meeting.)

Date: _____

All reimbursement requests must be submitted within 30 days of the meeting date.

All forms should be forwarded to:
CLIR
1755 Massachusetts Avenue, NW
Suite 500
Washington, D.C. 20036-2124
Attach original receipts for documentation.