

**Invoice for reimbursement for travel to an L-net event**



Traveler's name \_\_\_\_\_

Library / institution \_\_\_\_\_

Telephone \_\_\_\_\_

Address to send remittance \_\_\_\_\_

Meeting \_\_\_\_\_

Meeting location \_\_\_\_\_ Meeting Date \_\_\_\_\_

Itemized expenses

Category	Notes	Cost
Mileage	_____ miles traveled x \$.55	
Hotel	(see below, attach original receipt)	
Other		
Totals		\$ _____

Traveler's signature \_\_\_\_\_ Date \_\_\_\_\_

Multnomah County Library agrees to pay some travel-related expenses for individuals from L-net partner libraries attending L-net events that are not reimbursed or paid by their own employers.