



Library Leadership  
and Management Association  
50 East Huron Street  
Chicago, IL 60611  
Phone: 800-545-2433, ext. 5032

**MEMBER/NON-STAFF TRAVEL EXPENSE REPORT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Meeting Name/Location/Date: \_\_\_\_\_

**Original receipts** are required for **all** expenditures except meals. Please note that the per diem is \$50.

<b>Expense</b>	<b>Amount</b>
Air Travel	_____
Ground transportation (including taxis)	_____
Car mileage (@ \$ .55 per mile)	_____
Hotel	_____
Meals (other than provided by ALA)	_____
Other (explain)	_____
Subtotal	_____
Less personal expenses charged to hotel bill (if any)	_____
Total reimbursement	_____

Check should be made payable to: \_\_\_\_\_

Check should be mailed to: \_\_\_\_\_

\_\_\_\_\_

Your signature: \_\_\_\_\_

Social Security # \_\_\_\_\_

Please mail this form to Fred Reuland at the address above.