

MOUNTAIN VALLEY LIBRARY SYSTEM

PRIVATE CAR EXPENSE CLAIM

For the month of: _____ , _____
Month Year

INSTRUCTIONS: *Please print or type. Submit ONLY one claim for each month. Send completed form to MVLS Headquarters by the 5th of each month.*

*If more than one vehicle was used, please detail below the make, model, year and license number of each vehicle. Detail actual mileage on **Page 2** of this form. Attach parking and meal receipts when available. For expenses connected with conferences, training, etc., use [Conference and Travel Expense Claim form](#).*

Name: _____ **Position:** _____

Home Address: _____

Work Phone #: _____ **Home Phone** _____

Library: (if applicable) _____

Vehicle: **Make and Model:** _____ **Year:** _____
License Plate #: _____

Program: **Other:** _____

READ AND SIGN: I request reimbursement for the private car expenses detailed herein, which I incurred in conjunction with my duties with Mountain Valley Cooperative Library System; and that said expenses, to the best of my knowledge, are true and correct.

Claimant's Signature: _____ Date: _____

Claim Summary: (Please provide detail on Page 2 of this form.)

Mileage Allowance: _____ miles @ 55 cents per mile \$ _____ -

	<u>Personal Expense</u>	<u>Cal Card Expense</u>	<u>Receipt</u>
Parking & Bridge Charges:	_____	_____	_____
Public Transportation:	_____	_____	_____
Hotel:	_____	_____	_____
Meals:	_____	_____	_____
Tips:	_____	_____	_____
Other: <i>only as approved</i>	_____	_____	_____
Sub-total:	\$0.00	\$0.00	
Less cash advance:	_____		
Less other deductibles:	_____		
TOTAL CAL CARD EXPENSE:		\$0.00	
TOTAL CLAIMED:	\$0.00		

Charge to: **Other:** _____

READ AND SIGN: I request reimbursement for conference and travel expenses detailed herein, which I