**MONTANA LIBRARY ASSOCIATION EXPENSE CLAIM**

**MAKE CHECK PAYABLE TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WHEN FORM IS COMPLETED : Email to: kirkv@mtlib.org**

**Mail to: Montana Library Association Kirk Vriesman, Executive Director PO Box 823, Arlee, MT 59821**

**All expense claims must be approved by Division/Committee/Interest Group Chair and the MLA President. Only MLA members whose dues are current will be reimbursed for travel or out-of-pocket expenses. A statement of MLA reimbursement policies is available from the MLA Manual or on the MLA website:** [**www.mtlib.org**](http://www.mtlib.org)

**IN KIND DONATIONS**

**(Please check box if “In Kind Donation Receipt” requested)**

**GENERAL EXPENSES**

**(Please itemize or describe activity and attach receipts)**

**Postage $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supplies $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printing $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRAVEL EXPENSES: Note MLA reimburses only lodging for approved in-state meetings and mileage at ½ the current state rate of .585 per mile. Receipts are required for airfare and lodging, and recommended for all other expenses.**

**(Mileage can be determined by Google Maps)**

**Beginning Destination\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Destination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Miles \_\_\_\_\_\_\_ at 1/2 State Rate @ Rate \_\_\_\_\_\_\_\_\_\_\_Total Due \_\_\_\_\_\_\_\_\_\_**

**Airfare (attach receipt)$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lodging (attach receipt) $ \_\_\_\_\_\_\_\_\_\_ Other Expenses (describe & attach receipts) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Claimant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approval: Account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MLA President \_\_\_\_\_ Account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chair: \_\_\_\_\_\_ Account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**