



509 North Main
Maryville, MO
64468-1610

Phone: (660) 582.5281
Fax: (660) 582.2411

Maryville Public Library Policy

Section C: PERSONNEL

Subject 800: Travel Authorization & Report,
Page 1 of 2

Last reviewed/revised: 2016

Travel Authorization

Accounting Code _____ Date _____

Name of Employee _____

Destination _____

Purpose _____

Dates away from city: From _____ to _____

Estimates of Expenses:

Automobile \$ _____ (_____ miles x _____ \$ per mile)

Air Fare \$ _____

Bus \$ _____

Limo/Taxi \$ _____

Lodging \$ _____

Meals \$ _____

Other \$ _____

Total \$ _____

=====

Advance requested ___Yes ___No Amount \$ _____

Date Advance Needed _____

Employee Signature _____

I, _____, President of the Board of Trustees of the Maryville Public Library, hereby affirm that the above described travel has been duly authorized by the Library Board.

(Signed) _____ Date _____

Note: An itemized accounting of costs incurred, with receipts where appropriate, shall be submitted to the Finance Director with the travel report and this form with the voucher. No reimbursement will be made if an original receipt is not presented.

Travel Report

Name of Employee: _____ Date: _____

Trip to: _____ Dates: _____

Authorized Travel Amount: \$ _____

Actual cost of:	Total Cost	Prepaid or Direct Billing	Advance Payment	To Be Reimbursed
Registration/Tuition				
Automobile				
Air fare				
Bus				
Limo/Taxi				
Lodging				
Meals				
Other				
TOTALS				

I certify that the above amounts are correct and that all items are reimbursable as Maryville Public Library related travel items.

(Employee Signature) _____ Date _____

Authorized and approved by the Library Board of Trustees.

(Board President Signature) _____ Date _____

Note: Please attach all original receipts/invoices. No estimated costs will be allowed.