



# Speaker/Travel Expense Reimbursement Form

Requestor Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
Check Payable to: \_\_\_\_\_ Program Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Program Date: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ (Attach signed W9 with form)

## TRAVEL EXPENSES

Date	Description	Travel	Miles @ \$0.535	Lodging	Meals	Other	Subtotal
Total Travel Costs to be reimbursed:							

Honorarium \$ \_\_\_\_\_  
Total reimbursement Request: \$ \_\_\_\_\_  
Total Amount Approved: \$ \_\_\_\_\_

I hereby certify that the above is a true and correct statement of expenses incurred by me in the services of MiALA. I have attached supporting documentation as required.

Claimant Signature/Date: \_\_\_\_\_

Approval Signature (appropriate officer/committee chair)/Date: \_\_\_\_\_

**Send completed form and receipts to:**  
Michigan Academic Library Association (MiALA)  
Attention: Heather Ladiski  
1407 Rensen Street  
Lansing, MI 48910  
Email: [heather@miala.org](mailto:heather@miala.org)

INTERNAL USE ONLY:				
DATE:	CHECK #	AMOUNT	ACCT# CHARGED	INITIALS