



MAC/MLA

Personal Reimbursement Voucher

Name: _____

Destination: _____

Purpose: _____
(Committee, Name, Speaker, etc.)

Dates: _____

Expenses

Transportation

Air – attach receipt or ticket stub _____

Automobile _____ miles @ 50.5 cents/mile _____

Taxi, Metro, limo, etc. _____

Parking _____

Hotel – attach receipt _____

Meals – itemize separately and attach receipts _____

Honorarium _____

Other – specify _____

Total Expenses _____

Signature above

Make check payable to (print name & address): _____

****VOUCHER MUST BE SUBMITTED WITHIN 30 DAYS TO:** Brandi Tuttle, MAC Treasurer
Duke University Medical Center Library, DUMC 3702, Durham, NC 27710, 919-660-1126