



# Travel Expense Check Request

Date \_\_\_\_\_

Payable to \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Post Code \_\_\_\_\_

Country \_\_\_\_\_

Purpose of Travel \_\_\_\_\_

Dates of Travel \_\_\_\_\_

Transportation expenses: Airfare, etc. \_\_\_\_\_ Local transportation expenses \_\_\_\_\_

Lodging expenses \_\_\_\_\_ Meals \_\_\_\_\_

Total travel expenses \_\_\_\_\_

Committee to be Charged \_\_\_\_\_

Requested By: \_\_\_\_\_

Date \_\_\_\_\_

Approved By: \_\_\_\_\_

Date \_\_\_\_\_

*Committee Chair*

Approved By: \_\_\_\_\_

Date \_\_\_\_\_

*NASIG Officer*

Return To:

Lisa Blackwell  
NASIG Treasurer  
P.O. Box 547  
Dublin, OH 43017

Email: [librarian.blackwell@gmail.com](mailto:librarian.blackwell@gmail.com)  
Phone: 614-722-3206

**Please attach receipts/invoices**

**Office Use Only**

Check No: \_\_\_\_\_

Fund: \_\_\_\_\_