**Expense Voucher**

Date:       \_\_\_\_ Name:

Address:

City:       \_\_\_\_ State:       Zip:

**Reason for Incurring Expenses:**

[ ]  Membership & Recruitment [ ]  Education - CECs [ ]  Government Affairs [ ]  Regional Program Support

[ ]  State Convention Planning [ ]  Education - Other [ ]  Governance [ ]  Other

**Reimbursement Requested For:**

|  |
| --- |
| **Mileage Record**From:       To:       Miles:      Purpose:       From:       To:       Miles:      Purpose:       From:       To:       Miles:      Purpose:        |

Mileage = $

(      Miles @ Current IRS Rate)

Other Transportation = $

Lodging = $

(Enclose Receipts\*\*)

Meals (Maximum $100/Day) = $

(Enclose Receipts\*\*)

Tips = $

Misc.       = $

**Total Reimbursable =** $

Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\*We are unable to reimburse expenses without the requested receipts and specific expense reimbursement categories identified.*