**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.*