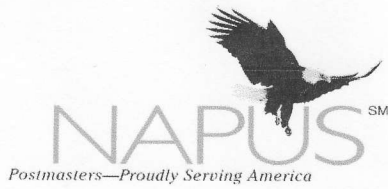


EXPENSE VOUCHER



Charge To: _____

Pay to the Order of: _____
 Street Address: _____
 City, State, ZIP: _____
 Telephone Number: _____

Travel Order Number: _____
 Date: _____
 Purpose: _____

Travel Dates									Totals
Public Transportation									
Mileage Allowance (# of Miles)									
Hotel									
Per Diem <u>Officer</u>									
Taxi									
Registration Fees <u>Officer</u>									
Arrive & Depart Tips									
Telephone									
Postage									
Other (Identify)									
Totals									

Instructions: Read Carefully

- A. Receipted hotel bills and all public transportation vouchers must be attached to this voucher.
- B. Expense items must be clearly and correctly identified and must represent monies actually expended on official business on behalf of the Association.
- C. When credit cards are used, receipts are to be attached to this voucher.

- D. Other expenses must be detailed below or on the reverse side.
- E. A copy of the travel order must accompany each voucher.
- F. Per Diem: Breakfast (\$10), Lunch (\$10), and Dinner (\$20).

Do not request reimbursement when meals are provided.

- G. Complete total voucher both down and across.

Vouchers over 30 days must have explanation for tardiness attached and submitted through the National Secretary-Treasurer to the Executive Committee for approval. Vouchers over one year old will be denied.

REMARKS:

Signature of Payee

Certified correct in the amount of _____

Verified _____

State Secretary-Treasurer

**This voucher must be submitted directly to the current State Secretary-Treasurer within 30 days.
 Submit with receipts to: Julie French, Secretary/Treasurer, PO Box 2, Gaston IN 47342-0002**