

# EXPENSE VOUCHER

Name of Requester	Address and Telephone Number
Service Position	

## TRAVEL

DATE	MILES	FROM (Location)	TO (Location)	PURPOSE

TOTAL MILES: \_\_\_\_\_ x \$0.35 per Mile = \$ \_\_\_\_\_

## LODGING

FROM (Date)	TO (Date)	LOCATION	PURPOSE	COST

TOTAL: \$ \_\_\_\_\_

## MISCELLANEOUS REIMBURSEMENTS

**Attach Receipts - Please do not mix reimbursements on the same receipt with other purchases**

DATE	DESCRIPTION	COST

TOTAL: \$ \_\_\_\_\_

TOTAL TRAVEL	\$ _____
TOTAL LODGING	\$ _____
TOTAL MISCELLANEOUS	\$ _____
TOTAL PHONE	\$ _____

**REQUESTED REIMBURSEMENT** \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DATE	CHECK NO.	AMOUNT	CHARGED TO	TREASURER'S INITIAL