## letterhead logo copy

# ***Expense Voucher-Payment Verification***

#### To Be Filled Out by Person Requesting Reimbursement – Please attach original receipts

Name of person submitting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Treasurer’s Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

President’s Approval\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

\**For reimbursements to Treasurer or if Treasurer is unavailable*

Mail Reimbursement to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**travel expense itemization**

Date(s) of Travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Travel to/from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_ X \_.40\_ = $ \_\_\_\_\_\_\_\_\_\_\_ OR X \_.45\_ = $\_\_\_\_\_\_\_\_\_\_\_**

***Total Miles* *mileage rate carpool mileage rate***

Tolls: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Carpool Partners:**

Parking: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Travel Subtotal: **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Hotel | Cost/Night | Tax |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total |  |  |  |

**meals lodging**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Breakfast | Lunch | Dinner |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total |  |  |  |

**Meals and Lodging Subtotal: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other costs (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Subtotal: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Reimbursement Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**signature of person requesting reimbursement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

MEEOA Use Only

Account: \_\_\_\_\_\_\_\_\_\_

Check #: \_\_\_\_\_\_\_\_\_\_

Expense entered as:

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