



MAINE EDUCATIONAL OPPORTUNITY ASSOCIATION

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: \$ _____

MEALS

Date	Breakfast	Lunch	Dinner
Total			

LODGING

Date	Hotel	Cost/Night	Tax
Total			

MEALS AND LODGING SUBTOTAL: \$ _____

OTHER COSTS (DESCRIBE): _____

OTHER SUBTOTAL: \$ _____

TOTAL REIMBURSEMENT REQUESTED: \$ _____

SIGNATURE OF PERSON REQUESTING REIMBURSEMENT: _____

Please mail completed form and original receipts to:

Daniel Barton, MEEOA Treasurer
c/o TRIO Upward Bound
37 College Ave.
Gorham, ME 04038

MEEOA Use Only
Account: _____
Check #: _____
Expense entered as: