

EXPENSE VOUCHER

Name of Requester	Address and Telephone Number
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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 \$ _____

DATE	CHECK NO.	AMOUNT	CHARGED TO	TRESURER'S INITIAL