

EXPENSE VOUCHER

Name _____ Date _____
(please print clearly)

TYPE OF EXPENSE; Place the amount of expense incurred under one of the categories given below:
 (Attach receipts or bills of sale where necessary.)

A)	Benefits paid to or for members (or ISA's)			
B)	Compensation of officers, director, ect.			
C)	Accounting Fees			
D)	Legal Fees			
E)	Supplies			
F)	Telephone			
G)	Postage and shipping			
H)	Printing and publications			
I)	Travel _____ at \$0.485 per mile			
J)	Conferences, conventions, meetings			
K)	Other: (specify):			
	Registration Fees			
	Hotel/Motel			
	Meals			
	Breakfast	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">↓# of meals↓</td> </tr> <tr> <td style="height: 15px;"> </td> </tr> </table> @ \$5	↓# of meals↓	
↓# of meals↓				
	Lunch	@ \$6		
	Dinner	@ \$10		

TOTAL EXPENSES _____

I, the undersigned agree that the information supplied above is accurate to the best of my knowledge.

 Date of Expenses

 Signature (required for reimbursement)