

EXPENSE VOUCHER

Name:

Office/Position:

Mailing address:

Date(s)	Activity - location	Air/Rail costs	Auto Mileage	Volunteers mileage (\$.14/mi.)	Meals	Lodging	Phone	Other	TOTALS
Totals:									
Grand Total:									

Signature of Claimaint: _____

Remarks:

Date: _____

Approved By: _____

Remarks:

Date: _____