



EXPENSE VOUCHER

Pay to the Order of: _____
 Street Address: _____
 City, State, ZIP: _____
 Telephone Number: _____

Date: _____
 Purpose: _____

Travel Dates								Totals
Public Transportation								
Mileage Allowance (# of Miles) \$0.50/mile								
Hotel								
Per Diem	Officer							
	Spouse							
Taxi								
Registration Fees	Officer							
	Spouse							
Arrive & Depart Tips								
Telephone								
Postage								
Other (Identify)								
Totals								

Instructions: Read Carefully

- A. Receipted hotel bills and all public transportation vouchers must be attached to this voucher.
- B. Expense items must be clearly and correctly identified and must represent monies actually expended on official business on behalf of the Association.
- C. When credit cards are used, receipts are to be attached to this voucher.

- D. Other expenses must be detailed below or on the reverse side.
- E. A copy of the travel order must accompany each voucher.
- F. Per Diem: Breakfast (\$10), Lunch (\$10), and Dinner (\$20). If spouse is authorized: Breakfast (\$5), Dinner (\$5), Dinner (\$10).

Do not request reimbursement when meals are provided.

- G. Complete total voucher both down and across.

REMARKS:

 Signature of Payee

Certified correct in the amount of _____

Verified

 Colorado Chapter Secretary-Treasurer

Send completed form to: April Torres, P.O. Box 375, Glen Haven, Co 80532