

EXPENSE VOUCHER

DATE: _____

NAME: _____

PURPOSE: _____

DATE	VENDOR		SUPPLIES (\$)	LODGING (\$)	MEALS (\$)	OTHER (\$)	DAILY TOTAL (\$)
						TOTAL:	\$

Please attach all receipts

(Amount will be deducted if no receipt attached)

APPROVED SIGNATURE: _____

DATE: _____

No mileage allowed on Expense Voucher