

AMERICAN TURNERS EXPENSE VOUCHER

Updated July 2019

DATES _____

EVENT _____

NAME _____ MEMBER OF _____ COMMITTEE

ADDRESS _____ CITY _____ STATE _____ ZIP _____

MODE OF TRAVEL:

BY AIR - FROM _____ TO _____ TO _____ \$ _____

*BY CAR - MILEAGE START _____ FINISH _____ (TOTAL MILES) _____ @ .44 PER MILE \$ _____

***IF TRAVELING BY CAR, ADD THE COST OF AIRFARE HERE _____
(see attached Rules for Reimbursement) PLUS AIRPORT PARKING IF APPLICABLE.**

HOTEL EXPENSE _____ \$ _____

FOOD EXPENSE _____ \$ _____

OTHER EXPENSE - DESCRIBE _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

SIGNATURE _____ TOTAL EXPENSE \$ _____

(By Typing your name here, you are agreeing to the National Rules for reimbursement)

**NOTE: SCAN AND ATTACH ALL RECEIPTS INCLUDING AIRFARE, TOLLS, HOTEL BILLS, ETC.
NO EXPENSES OVER \$15.00 WILL BE REIMBURSED WITHOUT RECEIPTS.**

PAYMENT APPROVED BY _____ DATE _____

PAID BY CHECK # _____ ACCOUNT NAME _____ DATE _____

REPORT HERE SPECIAL OBSERVATIONS, FINDINGS, ITEMS OF INTEREST TO THE COUNCIL:

****Mileage Allowance Updated 01/01/2019**