

# AMERICAN TURNERS EXPENSE VOUCHER

Updated January 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 ) \_\_\_\_\_ @ .42 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**