

Committee Participant's Expense Voucher

Committee: _____
 Date(s) Committee Meets: _____ Location: _____

 Chairperson: _____

PAY TO/Participant's Name: _____

Address (for mailing check): _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Home Phone: _____ Cell Phone: _____ Office Phone: _____

Email Address: _____

Employer: _____
 School: _____

EXPENSES	
Mileage	x \$0.42 per mile
Tolls (Receipt Required)	
Notes:	_____
Tips	
Notes:	_____
Airfare--Round Trip (Receipt Required)	
Baggage Fees (Receipt Required)	
Parking (Receipt Required)	
<u>TRANSPORTATION (Receipts Required)</u>	
	Shuttle
	Taxi
	Uber
<i>Other (please specify & attach receipt)</i>	_____
Hotel/Motel (Receipt Required)	
Per Diem	days X \$50.00 per day
TOTAL	

Participant's Signature: _____

<i>NADOE Use ONLY</i>	
	NADOE Approval
	Account Number
	Date Received
	Date Submitted