

EXPENSE VOUCHER

Name _____

Address _____

DATE	DESCRIPTION (Indicate type of conference, meeting, & location as appropriate for verification, etc.)	MILES (If for mileage)	AMOUNT

TOTAL AMOUNT

Coding Information _____

Signature of Claimant

Signature of Building Administrator

I declare under the penalties of perjury, that this claim is just and correct; and that no part of it has been paid.

NOTE: if mileage is claimed, you are verifying that you have a valid driver's license and insurance on your vehicle.