OFFICIAL EXPENSE VOUCHER

DATE: ________________ COMMITTEE: _______________________________________

EXPENSE PURPOSE/LOCATION: __________________________________________________

ITEMIZATION (SEE BELOW FOR DETAILS):

- Mileage (______miles @ $0.59/mile) $ __________
- Air Fare $ __________
- Lodging $ __________
- Meals $ __________
- Transportation $ __________
- Misc. $ __________

TOTAL $ __________

The expenses incurred in the discharge of official business of the NCSRC, Inc. from (date) _____________ to (date) _____________ as itemized above in the sum of $ __________

BALANCE DUE REQUESTOR: $ __________

SUBMIT TO: (Name & Address) _________________________________________________________

Above expenses are just and true in all respects. ________________________________
(Signature of Requester)

THIS SECTION FOR OFFICIAL USE ONLY

APPROVED BY: ___________________________________________________________________
Treasurer/President Date

CHECK # ________

COMMENTS: ___________________________________________________________________

*IN-STATE LODGING: ½ hotel rate not to exceed $60.00 (requires a minimum 1 way travel distance of 150 miles)

*DELEGATE/PRESIDENT/PRESIDENT ELECT: OUT OF STATE EXPENSES -
Meals: Reimbursed in full not to exceed the amount of $50/day (alcoholic beverages and tips not reimbursed) – MUST provide itemized receipt for reimbursement.
Airfare: Reimbursed in full
Transportation to/from airport or parking: Reimbursed in full
Hotel: Reimbursed in full

* Receipts required for all reimbursement requests

*The NCSRC encourages each individual to seek 50% outside sponsorship to meetings if able.