



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: _____ CHECK # _____
Treasurer/President Date

COMMENTS: _____

*IN-STATE LODGING: 1/2 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.