

AAUW TEXAS EXPENSE VOUCHER

Name (Print) _____ Position _____

Address _____ E-mail _____

If not budgeted, expenditure was approved
_____ by President or _____ by Board Action on (date) _____

Travel purpose

_____ Board Meeting _____ District Representative Travel
_____ State Visitor Travel _____ Other, specify _____

Automobile (Maximum reimbursable not to exceed equivalent coach airfare.)

Date _____ Travel from _____ To _____ Miles _____

Date _____ Travel from _____ To _____ Miles _____

Total Miles _____ At \$0.30 per Mile, Total Amount \$ _____

If Airfare (Attach receipt/ticket) Total Airfare \$ _____

Meals (Maximum reimbursable-Breakfast \$5. Lunch \$8. Dinner \$12. No receipt required)

Date _____ Breakfast _____ Lunch _____ Dinner _____ Total _____

Date _____ Breakfast _____ Lunch _____ Dinner _____ Total _____

Total Meals _____

Other Expenses (Attach receipts. Note postage uses. Limit calls to AAUW Texas business.)

Expense _____ Budget Category _____ Amount _____

Expense _____ Budget Category _____ Amount _____

Total Other Expenses _____

Signed _____ Date _____ Voucher Total _____

Reminder: Use Texas Sales Tax Exemption Certificate to avoid paying sales tax which is generally not reimbursable.

Within 30 days of incurring approved expenses, mail with appropriate receipts to:

Susan I. Alami, AAUW TX Finance Officer, 1631 Park Haven Drive, Houston, TX
77077-4220

Charge to Account _____ Amount _____

Charge to Account _____ Amount _____

Charge to Account _____ Amount _____

Date Paid _____ Check # _____ Voucher Total Paid _____

Paid by _____ AAUW Texas Finance Officer

