

MOAHPERD

Missouri Association for Health, Physical Education, Recreation, and Dance



EXPENSE VOUCHER

(To be completed within 30 days of the date on which the expense was incurred)

Please attach receipts for expenses claimed

Name: _____ Address: _____

Social Security # _____

Make Check Payable to: _____

Telephone: _____ - _____ - _____

E-mail: _____

TRAVEL Line# _____

Meeting: _____

Place: _____

Date: _____

Transportation

____ Air \$ _____

____ Personal Car (Roundtrip Miles) _____ x _____ \$ _____

____ Other _____ \$ _____

Meals (Total Receipts) \$ _____

Lodging \$ _____

Miscellaneous \$ _____

Total Travel \$ _____

Other Expenses

_____ Line # _____ \$ _____

_____ Line # _____ \$ _____

_____ Line # _____ \$ _____

_____ Line # _____ \$ _____

_____ Line # _____ \$ _____

Signed _____ Date ____ / ____ / ____

For Office Use: Date Received _____	Date Paid _____
Check # _____	Voucher # _____