

# AHEPA Travel & Expense Voucher

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_

Purpose and date(s) of trip: \_\_\_\_\_

## Air/Rail Travel:

Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Mileage:** \_\_\_\_\_ miles @ \$.485 \_\_\_\_\_ per mile: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Lodging:** \_\_\_\_\_ nights @ \$ \_\_\_\_\_ per night: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Per diem:** \_\_\_\_\_ days @ \$ \_\_\_\_\_ per day: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Misc.** \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Total due: \$** \_\_\_\_\_

*Please attach all original airline ticket, hotel, and other receipts to your voucher and mail to AHEPA Headquarters, 1909 Q Street, N. W, Suite 500, Washington, D.C. 20009. All expense vouchers must be dated and signed by the officer seeking reimbursement.*

HEADQUARTERS USE ONLY

Charge To: \_\_\_\_\_

Approved by (signature & date): \_\_\_\_\_

Amount paid: \_\_\_\_\_ Date paid: \_\_\_\_\_ Check #: \_\_\_\_\_