

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 #: _____