

SITE VISIT TEAM TRAVEL EXPENSE VOUCHER

Any reimbursement requests received more than 30 days after the completion of the site visit will NOT be honored. Please scan and send this form as well as **all** itemized receipts to kovach@naspaa.org. **Do not submit for reimbursement directly from the program. If the program direct-billed any expenses (i.e. hotel), please do not include those expenses.**

NAME: _____

AFFILIATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

INSTITUTION VISITED: _____

DATE OF SITE VISIT: _____

TRANSPORTATION TYPE	COMPANY	TRIP DATE	AMOUNT
Automobile Total Miles: _____			
Please include map as proof of mileage.		x \$.67 per mile	
SUBTOTAL			

HOTEL	FROM	TO	DAYS	RATE	AMOUNT
SUBTOTAL					

MEALS

Indicate name of guest (if any) and Business Relationship (refer to appropriate amount below). Subtract any amounts for alcoholic beverages from your meal charges. **Please attach all itemized receipts (photocopies or pictures are acceptable).**

DATE	BREAKFAST \$ (includes tip)	LUNCH \$ (includes tip)	DINNER \$ (includes tip)	TOTAL AMOUNT (DAY)
SUBTOTAL				

TOTAL EXPENDITURES:

Submitted by

Date

Approved by