



Ohio Association of Collegiate Registrars and Admissions Officers

Expense Voucher

NAME _____

ADDRESS (where check will be sent) _____

COMMITTEE/PURPOSE _____

MTG LOCATION _____

1. TRANSPORTATION

From _____ To _____ From _____

To _____ Total Mileage _____ @ \$0.555/mile \$ _____

1. MEALS (provide explanation & attendees)

_____ \$ _____

2. MISCELLANEOUS (PLEASE ITEMIZE)

_____ \$ _____

TOTAL EXPENSES \$ _____

I certify that this voucher is a true statement of reasonable and necessary expenses incurred while performing official OACRAO duties:

Member signature _____ Date _____

For OACRAO Use Only

Check #	Date	Amount	Approval
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