



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 _____ @ \$0.505/mile \$ _____

2. MEALS (provide explanation & attendees)

_____ \$ _____

3. 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 _____