



Ohio Association of Collegiate Registrars and Admissions Officers

Expense Voucher

It is the policy of OACRAO to reimburse all reasonable and necessary expenses to those engaging in business activities at the request of the Association. Each person requesting a reimbursement from the Association must have prior approval. Please submit this voucher to the OACRAO Treasurer along with all applicable receipts within 45 days after incurring the expense. OACRAO is a tax exempt 501(c)(3) organization with the tax identification number 20-1352881.

NAME: _____

IF CHECK IS TO BE MAILED, MAILING ADDRESS WHERE YOU WOULD LIKE IT SENT:

STREET 1: _____

STREET 2: _____

CITY: _____ STATE: _____ ZIP: _____

EXPENSE RATIONALE (INCLUDE COMMITTEE NAMES AS APPLICABLE):

EXPENSE TYPE:

TRANSPORTION (reimbursed at \$0.58 per mile):

From: _____ To: _____ (A) _____ miles
From: _____ To: _____ (B) _____ miles

Total Mileage (A+B) = (C) _____ miles

TOTAL TRANSPORTATION EXPENSES (C * .58) = (D) _____

OTHER (DESCRIBE EXPENSE, PROVIDE REASON, COMMITTEE NAMES AS APPLICABLE, ATTENDEES AT MEALS, and ATTACH ITEMIZED RECEIPTS):

TOTAL OTHER EXPENSES: (E) _____

TOTAL EXPENSES: (D+E) = \$ _____

I hereby certify that this expense voucher is a true statement of reasonable and necessary expenses incurred while performing official OACRAO duties and that I am not seeking reimbursement for these same expenses through any additional source.

OACRAO Treasurer Use Only

Check #	O R	Last 4 Digits of Card #	Date	Amount	Approver Initials

Signature: _____ Date: _____