



# 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 \$0.545 per mile):**

From: \_\_\_\_\_ To: \_\_\_\_\_ (A) \_\_\_\_\_ miles

From: \_\_\_\_\_ To: \_\_\_\_\_ (B) \_\_\_\_\_ miles

Total Mileage (A+B) = (C) \_\_\_\_\_ miles

**TOTAL TRANSPORTATION EXPENSES (C \* .545) = (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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_