

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