# New England Educational Opportunity Association Expense Voucher

*All requests for reimbursement **must** be accompanied by original receipts*

Name of person submitting: _____ Date: _____

Treasurer's Approval: _____ Date: _____

President's Approval*: _____ Date: _____

** For reimbursements to Treasurer or if Treasurer is unavailable*

Mail reimbursement to: _____

_____

Signature: _____ *(All requests **must** be signed)*

**TRAVEL EXPENSE ITEMIZATION**

Purpose of Travel: _____

Travel to/from: _____

_____ X .40 = $_____ **OR** X .45 = $_____

*total miles* *mileage rate* *alt mileage rate*

Tolls: $_____

Parking: $_____

Taxi: $_____

Carpool partners:

_____

_____

NEOA Use Only

Account: _____

Check #: _____

**TRAVEL SUBTOTAL: $_____**

**MEALS**

| Date | Breakfast | Lunch | Dinner |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | | |

**LODGING**

| Date | Hotel | Cost/Night | Tax |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | | |

**MEALS & LODGING SUBTOTAL: $_____**

OTHER: (describe) _____

_____

**OTHER SUBTOTAL: $_____**

**TOTAL REIMBURSEMENT REQUESTED: $_____**

*Please mail completed form with original receipts to:*

Janelle Humphrey, NEOA Treasurer
TRIO College Access Services
University of Maine at Presque Isle
181 Main Street
Presque Isle, ME 04769