

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 .535 = \$ _____ **OR** X .585 = \$ _____
total miles *mileage rate* *alt mileage rate*

Tolls: \$ _____

Carpool partners: _____

NEOA Use Only
Account: _____
Check #: _____

Parking: \$ _____

Taxi: \$ _____

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:

Kristin Hagopian, NEOA Treasurer
 University of Massachusetts Dartmouth
 Modular 4, Room 4
 285 Old Westport Road
 Dartmouth, MA 02747