

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	.575 =	\$ _____	OR	X	.625 = \$ _____	
<i>total miles</i>		<i>mileage rate</i>				<i>alt mileage rate</i>	
			Tolls: \$ _____				
			Parking: \$ _____	Carpool partners: _____			
			Taxi: \$ _____	_____			
			TRAVEL SUBTOTAL: \$ _____				

NEOA Use Only

Account: _____

Check #: _____

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:

Matt Bourgault, NEOA Treasurer
 513 Guinea Road
 Charlotte, VT 05445