

NORTH CENTRAL ACDA EXPENSE VOUCHER

Check #:

Your name

Division Committee

Home street address

City

State

Zip

(_____) _____
Home telephone

(_____) _____
Work telephone

Committee expenses will be reimbursed provided an original receipt accompanies this voucher. National ACDA auditors will not authorize payments for expenses without original receipts. ACDA does not reimburse for alcoholic beverages.

Date:

I. TRANSPORTATION EXPENSES

AIRFARE _____ \$ _____
RENTAL CAR _____ \$ _____
OTHER (specify) _____ \$ _____
TOTAL TRANSPORTATION _____ \$ _____

II. FOOD EXPENSE -- \$40 Maximum per day

BREAKFAST _____ \$ _____
LUNCH _____ \$ _____
DINNER _____ \$ _____
TOTAL FOOD _____ \$ _____

Amount:

III. MISCELLANEOUS EXPENSES (telephone, postage, supplies, etc.)

ITEM 1 _____ \$ _____
ITEM 2 _____ \$ _____
ITEM 3 _____ \$ _____
ITEM 4 _____ \$ _____
TOTAL MISCELLANEOUS _____ \$ _____

TOTAL EXPENSES DUE FROM NORTH CENTRAL ACDA _____ \$ _____

Account Code:

Your signature

Date

MAIL VOUCHER WITH ORIGINAL RECEIPTS TO:
(Make copies of receipts for your files.)

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