

North Central ACDA Expense Voucher

Name _____

Division Committee _____

Mailing Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

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.

I. Transportation Expenses

Airfare	_____	\$ _____
Rental Car	_____	\$ _____
Other (specify)	_____	\$ _____
Total Transportation		\$ _____

II. Food Expense - \$40 Maximum per day

Breakfast	_____	\$ _____
Lunch	_____	\$ _____
Dinner	_____	\$ _____
Total Food		\$ _____

III. Miscellaneous Expenses (telephone, postage, supplies, etc.)

Item 1	_____	\$ _____
Item 2	_____	\$ _____
Item 3	_____	\$ _____
Item 4	_____	\$ _____
Total Miscellaneous		\$ _____

Total Expenses Due From North Central ACDA

\$

Signature _____ Date _____

Please mail this voucher with original receipts to:

(Make copies of receipts for your records)

Storm Ziegler
Director of Choral Activities
John F. Kennedy High School
4545 Wenig Rd NE
Cedar Rapids, IA 52402
sziegler@cr.k12.ia.us

Check #:

Date:

Amount:

Account Code: