

VOUCHER

New York School Nutrition Association, Inc.

Invoice Number: _____

Make check payable to: _____

Mail check to: _____

Street/City/State/Zip: _____

Description of Expense: _____

Officer/Committee: _____ Date of Expense: _____ Account # _____ Class: _____

A. TRAVEL EXPENSES - SEE REVERSE SIDE

FROM: _____ TO: _____ TO: _____

ENTER FARE *or*

[_____] MILES @ .55/Mile _____

PARKING and TOLLS (receipts required) _____

TAXI/LIMO (receipts required) _____

OTHER (specify) _____

CARPOOLING * see reverse side for directions _____

(check if YES)

A. TOTAL TRAVEL

\$ _____ A

B. MEALS/LODGING EXPENSES - RECEIPTS REQUIRED

MEALS (receipts required) B1 _____

LODGING (receipts required) B2 _____
(based on dbl occupancy)**B. TOTAL MEALS/LODGING**

\$ _____ B

C. OTHER EXPENSES - RECEIPTS REQUIRED

POSTAGE C1 _____

PRINTING C2 _____

REGISTRATION C3 _____

SUPPLIES C4 _____

TELEPHONE C5 _____

MISC. (SPECIFY) C7 _____

C. TOTAL OTHER

\$ _____ C

GRAND TOTAL

A + B + C \$ _____

less any previous advance

\$ _____

BALANCE DUE

\$ _____

I hereby certify these expenses are correct
and I am not receiving payment from any
other source for any part of said expenses.

Claimant Signature: _____ Date: _____

Committee Chair: _____ Date: _____

INSTRUCTIONS FOR SUBMITTING VOUCHERS

1. Entire form must be completed, where applicable.
2. Original receipts for all claimed expenses must be attached to back of this voucher. Make sure that your name and date are on each receipt.
3. All expenses must be categorized as indicated on voucher.
4. * **Procedures for reimbursement of carpooling are:** The **driver** will be reimbursed for carpooling expenses. All carpoolers will place a check (✓) on the line on the front page of the voucher indicating that you carpoled. Each person who carpoled must **submit the voucher to the driver** who will then submit all vouchers **together** per the usual procedure. The driver and each person who carpoled must be listed on the voucher (below). Reimbursement will be determined by how many people carpoled and the total amount of **all** carpoolers' expenses which will not exceed the combined reimbursement rate (per person) listed in the Headquarters section of the Operating Manual.

Driver: _____ **Rider:** _____

Rider: _____ **Rider:** _____

Rider: _____ **Rider:** _____

5. All signatures must be on this form before check will be issued: Claimant, Committee Chair, and President.
6. To expedite reimbursement, routing of vouchers is:
Claimant TO Committee Chair TO President TO HQ (Bookkeeper) TO Treasurer
7. A check will then be issued by the Treasurer, payable to the name at top of the voucher and mailed to the address indicated.
8. If there are any special circumstances involved in submitting this voucher, state justification below:

9. If meal reimbursement is claimed, **provide receipts** and complete the following:

Date(s)					
BREAKFAST					
LUNCH					
DINNER					
TOTALS					

The daily allowance for meals shall be \$50.00. When a meal is provided by the conference, the allowance for that meal shall be subtracted from the \$50 daily allowance and the balance of the meal allowance may be distributed, in any proportion, between the 2 remaining meals. When fewer than three meals are eaten away from home, individual meal allowances shall be:

Breakfast	-	\$10.00
Lunch	-	\$15.00
Dinner	-	\$25.00

10. Miscellaneous Expenses (C6): specify such expenses as speaker fees, equipment rental, insurance, facilities fees, scholarship or prize awards, stipends, etc.