

Reimbursement Expense Voucher

Vouchers are to be approved and signed by committee chairperson(s) before submission for payment. Attach receipts, tickets, etc. for reimbursement other than mileage.

Expense:

| | |
|---------------------------------------|--------------|
| Auto Travel at Current IRS Rate _____ | \$ _____ |
| Other Travel _____ | \$ _____ |
| Meals and Lodging _____ | \$ _____ |
| Postage _____ | \$ _____ |
| Telephone _____ | \$ _____ |
| Supplies _____ | \$ _____ |
| Other _____ | \$ _____ |
| Total | \$ _____ |

Program or Event that Resulted in this Expense:

Check payable to:

Name: _____

Address: _____

Authorized Signature: _____

Mail to PSNE Office PO Box 388 Chester, CT 06412 or daylelarson@psne.org

