

SITE VISIT TEAM TRAVEL EXPENSE VOUCHER

Any reimbursement requests received more than 60 days after the completion of the site visit will NOT be honored. Please scan and send this form as well as **all** receipts to mbohrt@naspaa.org. **Do not submit for reimbursement directly from the program. If the program direct-billed any expenses (i.e. hotel), please include those receipts, as well.**

NAME: _____

AFFILIATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

INSTITUTION VISITED: _____

DATE OF SITE VISIT: _____

TRANSPORTATION Please enclose receipt, even if paid directly by host program. TYPE	COMPANY	TRIP DATE	AMOUNT
Automobile Total Miles: x \$.58 per mile Please include map as proof of mileage.			
Attach all receipts.			SUBTOTAL

HOTEL Please enclose receipt, even if paid directly by host program.	FROM	TO	DAYS	RATE	AMOUNT
Attach all receipts.					SUBTOTAL

MEALS

Indicate name of guest (if any) and Business Relationship (refer to appropriate amount below). Subtract any amounts for alcoholic beverages (except table wine or beer) from your meal charges. **Please attach all receipts (photocopies are acceptable).**

Incidental expenses, including light meals or snacks, not exceeding \$10 total, do not require receipts. **Please itemize them under incidentals below.**

DATE	BREAKFAST \$ (includes tip)	LUNCH \$ (includes tip)	DINNER \$ (includes tip)	TOTAL AMOUNT (DAY)
SUBTOTAL				

DATE	INCIDENTALS (Explain) No receipts required if total is under \$10, though they still must be itemized below.	AMOUNT
SUBTOTAL		

TOTAL EXPENDITURES:

Submitted by

Date

Approved by