

SITE VISIT TEAM TRAVEL EXPENSE VOUCHER

Any reimbursement requests received more than 30 days after the completion of the site visit will NOT be honored. Please scan and send this form as well as all itemzed receipts to gabrielli@naspaa.org. Do not submit for reimbursement directly from the program. If the program direct-billed any expenses (i.e. hotel), please do not include those expenses.

AFFILIATION:	NAME:									
CITY:STATE:	AFFILIATION:									
INSTITUTION VISITED: DATE OF SITE VISIT: TRANSPORTATION TYPE AMOUNT Automobile Total Miles: Please include map as proof of mileage. HOTEL FROM TO DAYS RATE AMOUNT AMOUNT TO DAYS RATE AMOUNT	ADDRESS:									
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MEALS

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

DATE	BREAKFAST \$ (includes tip)	LUNCH \$ (includes tip)	DINNER \$ (includes tip)	TOTAL AMOUNT (DAY)
			SUBTOTAL	
TOTAL EX	PENDITUR	RES:		
Submitted by		Date		proved by