

## 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 [bachinelo@naspaa.org](mailto:bachinelo@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: \_\_\_\_\_

<b>TRANSPORTATION</b> Please enclose receipt, even if paid directly by host program. TYPE	COMPANY	TRIP DATE	AMOUNT
Automobile Total Miles: _____ x \$ .575 per mile Please include map as proof of mileage.			
Attach all receipts.			<b>SUBTOTAL</b>

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

## 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)
<b>SUBTOTAL</b>				

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

**TOTAL EXPENDITURES:**

\_\_\_\_\_  
*Submitted by*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Approved by*