

## ***Appalachian Voices* Travel/Expense Reimbursement Voucher**

**Make check payable to:** (Please print clearly!)

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

### ***Directions***

Please print clearly. Be specific. Attach original receipts for each expense, except mileage. Sign and date the voucher. Return to: Appalachian Voices, 191 Howard St., Boone, NC 28607.

**NOTE: ALL REIMBURSEMENT REQUESTS  
MUST BE SUBMITTED WITHIN 60 DAYS OF  
INCURRING THE EXPENSE.**

### **Travel Reimbursement**

Dates	Program	Destination(s)	Purpose	Mileage	Total Amt Mileage	Or Gas	Rental/ Park/Toll
				# _____ x.40	\$	\$	\$
				# _____ x.40	\$	\$	\$
				# _____ x.40	\$	\$	\$
				# _____ x.40	\$	\$	\$
<b>Total Travel</b>					\$	\$	\$

### Expense Reimbursement

Dates	Program	Description	Purpose	Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
<b>Total Expenses</b>				\$

**Grand Total (Total Travel + Total Expenses)**

\$

*I certify that this request and the amount claimed are correct and complete to the best of my knowledge, that the expenses for which I request reimbursement are for the activities of Appalachian Voices and that I have not received payment for the amount I have claimed.*

Signature

Date \_\_\_\_\_

## Office Use Only

[illegible]

Approved:

Date:

