



# New Canaan Education Association

## Expense Voucher

**In order to be reimbursed for expenses, you must provide original, detailed receipts for each item. You will not be reimbursed without a receipt.**

Date \_\_\_\_\_

Issue Check to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Purpose of expense:**

\_\_\_\_\_

**Itemized list of expenditures (ATTACH PAID RECEIPTS)**

Miles traveled \_\_\_\_\_ @ 54 cents per mile  
\$ \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Lodging: \_\_\_\_\_

Dates of lodging: \_\_\_\_\_ \$ \_\_\_\_\_

Meals (please list each meal and purpose):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Other expenses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

-----  
----- (to be completed by NCEA Treasurer)

Date received: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount paid: \$ \_\_\_\_\_