## TRUSTEE EXPENSE VOUCHER

## NAME:

## **REASON FOR VOUCHER:**

$\hfill \square$ Expenses in connection with attendance at trust me	ETING AT	(Location)
HELD ON	(Date(s) of Meeting)	
$\hfill \square$ EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATION	NAL MEETING AT	(Location)
HELD ON	(Session Date(s))	
SPONSORED BY	(Meeting Sponsor)	
☐ OTHER: (Describe Reason for Incurring Expenses)		
MY DATE OF DEPARTURE MY DATE OF RETU		
TRANSPORTATION EXPENSES:	EXPENSES	
☐ Airfare, Train, Bus	\$	
☐ Rental Car Expense	\$	
□ Hotel	\$	
DAILY EXPENSES:		
☐ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER)	\$	
MEETING REGISTRATION FEE:		
☐ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT)	\$	
SE	ETTLEMENT	
TOTAL EXPENSES WHICH I INCURREI	D\$	
LESS THE AMOUNT I RECEIVE	ED AS AN ADVANCE (IF ANY)	
	EQUALS \$	
☐ REFUND WHICH I OWE TO TRUST	FUND. MY CHECK IS ATTACHED\$	
	OR	
☐ AMOUNT OWING ME BY TRUST FO	UND. I REQUEST REIMBURSEMENT \$	
I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUC CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.	CHER ARE THE PROPER AND ACTUAL EXPENSES WHICH	1 I INCURRED IN
DATED THIS DAY OF	, 20	
(Signature of Trustee)	(Full Address)	

**NOTE TO TRUSTEE:** This voucher is for expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example: If a restaurant bill contatins a charge for a meal for one or more family members, subtract that amount and indicate on the bill that only the balance is being charged to the trust fund.) If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation which may have been adopted by the Board of Trustees.

-, «, <del>-</del> ,		DATE:		DATE:	
HOTEL ROOM PLUS TAX	\$		\$	HOTEL ROOM PLUS TAX	\$
BREAKFAST & TIP	\$	BREAKFAST & TIP	\$	BREAKFAST & TIP	\$
LUNCH & TIP	\$	LUNCH & TIP	\$	LUNCH & TIP	\$
DINNER & TIP	\$	DINNER & TIP	\$	DINNER & TIP	\$
BEVERAGES & TIP	\$	BEVERAGES & TIP	\$	BEVERAGES & TIP	\$
PORTERS-BELLMEN	\$	PORTERS—BELLMEN	\$	PORTERS—BELLMEN	\$
LIMOS-TAXIS-BUSES	\$	LIMOS-TAXIS-BUSES	\$	LIMOS-TAXIS-BUSES	\$
(Other)	_ \$	(Other)	_ \$	(Other)	_ \$
TOTAL THIS DATE	\$	TOTAL THIS DATE	\$	TOTAL THIS DATE	\$
DATE:		DATE:		DATE:	
HOTEL ROOM PLUS TAX	\$	HOTEL ROOM PLUS TAX	\$	HOTEL ROOM PLUS TAX	\$
BREAKFAST & TIP	\$	BREAKFAST & TIP	\$	BREAKFAST & TIP	\$
LUNCH & TIP	\$	LUNCH & TIP	\$	LUNCH & TIP	\$
DINNER & TIP	\$	DINNER & TIP	\$	DINNER & TIP	\$
BEVERAGES & TIP	\$	BEVERAGES & TIP	\$	BEVERAGES & TIP	\$
PORTERS-BELLMEN	\$	PORTERS—BELLMEN	\$	PORTERS—BELLMEN	\$
LIMOS-TAXIS-BUSES	\$	LIMOS-TAXIS-BUSES	\$	LIMOS-TAXIS-BUSES	\$
	_ \$		_ \$		\$
(Other) TOTAL THIS DATE	\$	(Other) TOTAL THIS DATE	\$	(Other) TOTAL THIS DATE	\$
FOTAL OF ALL DAILY EXPEN	ISES \$	(Amount transfered to front sig	le of voucher)		

SPACE FOR USE OFFUND OFFICE FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED).