



NYSAAA

New York State Athletic Administrators Association

CLAIM/REIMBURSEMENT VOUCHER

(Print all information clearly.)

Date submitted: _____, 20____

Name: _____

Print Address: _____

City: _____ State: _____ Zip code: _____

ITEMIZED EXPENSE(S)

(Attached all receipts & back-up to support your expenses.)

MISCELLANEOUS:

Supplies: \$ _____ Printing: \$ _____ Meals: \$ _____

Hotel: \$ _____ Stipend: \$ _____ Misc: \$ _____

Reason for above expense(s): _____

Date expenses incurred: _____

TRAVEL:

Total miles: _____ (round trip) @ \$.67/mile = \$ _____ Tolls: \$ _____

Other travel expenses: \$ _____

Reason for other travel expenses: _____

Date(s) of travel: _____, 20____

Total Amount Claimed: \$ _____ Claimant's Signature: _____

-
- Receipts for all expenses must accompany this voucher.**
 - Be sure to include your name, address, and date voucher is submitted. Also be sure to sign this form as requested. This is required when receiving funds from a non-profit organization.*
 - All bills and vouchers must be submitted within 30 days of expenditure and within the fiscal year July 1-June 30 to:*
Chris Rozek, NYSAAA Administrative Assistant/Business Manager
9 Barteau Street, Endicott, NY 13760
 - Any questions, please email: crozek.nysaaa@gmail.com.*
-

OFFICE USE ONLY:

Approved by: _____ Date: _____

Title: _____ Check # _____