



CLAIM/REIMBURSEMENT VOUCHER

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

(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:

Date(s) of travel: _____, 20____

Reason for travel and/or expenses: _____

From: _____ To: _____

Total miles: _____ (round trip) @ \$.725/mile = \$ _____ Tolls: \$ _____

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

OFFICE USE ONLY:

Approved by: _____ Date: _____

Title: _____
Approval: ☐ Treasurer ☐ Executive Director _____ Check # _____