



## CLAIM/REIMBURSEMENT VOUCHER

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- Receipts for all expenses must accompany this voucher.**
- 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.*
- 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***
- Any questions, please email: **crozek.nysaaa@gmail.com**.*

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(Print all information clearly.)

Date submitted: \_\_\_\_\_, 20\_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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### **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 # \_\_\_\_\_