

# TRAPIC

Association for Professionals in Infection Control and Epidemiology, INC., Three Rivers 051

## Expense Voucher

### INSTRUCTIONS:

1. Complete entire voucher before submitting.
2. Indicate if expense is Board/ Committee related.
3. Submit separate voucher for each expense item/trip.
4. Attach all receipts.
5. Expense vouchers are approved and signed by the President.
6. Submit completed voucher to the treasurer for reimbursement.

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### CHECK SHOULD BE ISSUED TO:

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

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

Committee/Officer incurring expense: \_\_\_\_\_

Signature: \_\_\_\_\_

Total Due: \$\_\_\_\_\_

### DESCRIPTION OF EXPENSE:

Brief Summary \_\_\_\_\_

### COMPLETE APPROPRIATE CATEGORY:

Secretarial	\$_____	Travel/ Meeting Expenses:	
Postage	\$_____	Meeting Date/s :	_____
Telephone	\$_____	Location:	_____
Photocopying/ Printing	\$_____	Registration Fee	\$_____
Office Supplies	\$_____	Fare.	\$_____
Other _____	\$_____	Private Auto (current federal rate)	\$_____
Other _____	\$_____	Parking	\$_____
Other _____	\$_____	Tolls	\$_____
		Hotel	\$_____
		Meals (\$25.00 limit/ day)	\$_____

Total Expense \$\_\_\_\_\_

Advance Payment \$\_\_\_\_\_

Balance Due \$\_\_\_\_\_

Date Paid \_\_\_\_\_ Check # \_\_\_\_\_

President's Signature \_\_\_\_\_