



UPMA RETIRED TRAVEL AND EXPENSE VOUCHER

Charge To: _____

Pay to the Order of: _____

Mailing Address: _____

Date: _____

City, State, ZIP: _____

Purpose: _____

Telephone Number: _____

PURPOSE OF REIMBURSEMENT:

Travel Dates								TOTALS
Public Transportation								
Mileage Allowance [# _____ miles x rate (\$0.585)]								
Hotel								
Meals								
Registration Fees								
Arrive & Depart Tips								
Postage								
Parking								
Misc. _____								
TOTALS								

Instructions: Read Carefully

- | | |
|---|--|
| <p>A. Receipted hotel bills and all public transportation vouchers must be attached to this voucher, if actual expenses are paid.</p> <p>B. Expense items must be clearly and correctly identified and must represent monies actually expended on official business on behalf of the Association.</p> <p>C. When credit cards are used, receipts are to be attached to this voucher, if actual expenses are paid.</p> | <p>D. Other expenses must be detailed below or on the reverse side.</p> <p>E. Elected Officers ONLY Per Diem: \$15.00 bkft, \$15.00 lunch; \$30.00 dinner</p> <p style="text-align: center;"><u>Do not request reimbursement when meals are provided.</u></p> <p>F. Complete total voucher both down and across.</p> <p>G. Comparison air/auto must be submitted if travel by auto. Lower paid. Vouchers over 30 days must have explanation for tardiness attached and submitted through the National President to the Executive Board for approval. Vouchers over one year will be denied.</p> |
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Signature of Payee

This voucher must be submitted to the NATIONAL PRESIDENT within 30 days.

Approved: _____
National President - UPMA Retired

Date Approved _____

Voucher #

CERTIFIED CORRECT IN THE AMOUNT OF: \$ _____

Date Paid _____ **Check #** _____

National Treasurer - UPMA Retired