



Carolinas Association of Collegiate Registrars and Admissions Officers Expense Voucher

Date

Make Check Payable To:

Name

Address

City

State Zip

Phone Number

Voucher Submitted By:

Name

Address

City

State Zip

Phone Number

E-Mail Address

Description of Expenditure

Direct Expenditures

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Voucher Submitted by: _____

Total

Program/Committee (Signature)

Committee/Account:

Chair Approval: (Signature)

President Approval: (Signature)

Check Num. _____

Check Mail Date _____

Mileage rate: 57 cents per mile with documentation (MapQuest or Google maps)
Meal maximum reimbursements: Breakfast \$8 Lunch \$10 Dinner \$20

Receipts must be attached in order to receive approval for reimbursement. Direct expenditures must be itemized. Attach bills for payment.

All expense vouchers must be submitted to the CACRAO president for approval prior to submitting to the CACRAO Treasurer.