

**FLORIDA AAUW  
TRAVEL EXPENSE VOUCHER**

Date\_\_\_\_\_

PAY TO: Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ Zip\_\_\_\_\_

PURPOSE OF TRAVEL: (Check one)

Board Meeting\_\_\_\_\_

Leader on Loan\_\_\_\_\_

Exec. Comm. Mtg\_\_\_\_\_

Comm Mtg (specify)\_\_\_\_\_

Other (specify)\_\_\_\_\_

TRAVEL AUTHORIZED BY: (Check one)

Florida AAUW Budget\_\_\_\_\_

President\_\_\_\_\_

Other (specify)\_\_\_\_\_

DID YOU DRIVE? YES \_\_\_ NO \_\_\_

STARTING LOCATION\_\_\_\_\_

DESTINATION\_\_\_\_\_

Starting mileage on odometer\_\_\_\_\_

Arrival mileage on odometer\_\_\_\_\_

Departure mileage on odometer\_\_\_\_\_

Ending mileage on odometer\_\_\_\_\_

Signature\_\_\_\_\_

Position\_\_\_\_\_

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FOR STATE TREASURER TO COMPLETE:

Total Mileage\_\_\_\_\_

Rate per mile\_\_\_\_\_

Amount of reimbursement\_\_\_\_\_

Date paid\_\_\_\_\_ Check #\_\_\_\_\_

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