## FLORIDA AAUW TRAVEL EXPENSE VOUCHER

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| Date  | Date   |
|---|--|
| PAY TO: Name  | PAY TO: Name                                     |
| Address Zip  City Zip  PURPOSE OF TRAVEL: (Check one) | Address Zip PURPOSE OF TRAVEL: (Check one)       |
| City Zip  | City Zip   |
| PURPOSE OF TRAVEL: (Check one)                        | PURPOSE OF TRAVEL: (Check one)                   |
| Board Meeting   | Board Meeting                                    |
| Leader on Loan  | Leader on Loan                                   |
| Exec. Comm. Mtg                                       | Exec. Comm. Mtg                                  |
| Comm Mtg (specify)                                    | Comm Mtg (specify)                               |
| Other (specify)                                       | Other (specify)TRAVEL AUTHORIZED BY: (Check one) |
| Other (specify) TRAVEL AUTHORIZED BY: (Check one)     | TRAVEL AUTHORIZED BY: (Check one)                |
| Florida AAUW Budget                                   | Florida AAUW Budget                              |
| President   | President  |
| Other (specify) DID YOU DRIVE? YES NO                 | Other (specify)<br>DID YOU DRIVE? YES NO         |
| DID YOU DRIVE? YES NO                                 | DID YOU DRIVE? YES NO                            |
| STARTING LOCATION                                     | STARTING LOCATION                                |
| DESTINATION   | DESTINATION                                      |
| Starting mileage on odometer                          | Starting mileage on odometer                     |
| Arrival mileage on odometer                           | Arrival mileage on odometer                      |
| Departure mileage on odometer                         | Departure mileage on odometer                    |
| Ending mileage on odometer                            | Ending mileage on odometer                       |
| Signature   | Signature  |
| Position  | Position   |
| ****************                                      | *****************                                |
| FOR STATE TREASURER TO COMPLETE:                      | FOR STATE TREASURER TO COMPLETE:                 |
| Total Mileage   | Total Mileage                                    |
| Rate per mile   | Rate per mile                                    |
| Rate per mile Amount of reimbursement                 | Rate per mile Amount of reimbursement            |
| Date paid Check #                                     | Date paid Check #                                |