

# New York State Society of Enrolled Agents

## Expense Voucher

Date Submitted \_\_\_\_\_

Chapter \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Occasion or Assignment \_\_\_\_\_

Is this expense in the budget? Yes \_\_\_ No \_\_\_ *Details must be attached.*

Transportation: From: \_\_\_\_\_ To: \_\_\_\_\_ (and return)

( ) Air/rail fare ..... \$ \_\_\_\_\_

( ) Taxi: from: \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

( ) Automobile: \_\_\_\_\_ miles @ \_\_\_\_\_ cents per mile \$ \_\_\_\_\_

( ) Garage, parking, tolls ..... \$ \_\_\_\_\_

### Other Expenses:

Hotel .... \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ ..... \$ \_\_\_\_\_

Telephone ..... \$ \_\_\_\_\_

Postage ..... \$ \_\_\_\_\_

Other (specify) ..... \$ \_\_\_\_\_

TOTAL ..... \$ \_\_\_\_\_

### Accounting Use Only

Account No(s). \_\_\_\_\_  
\_\_\_\_\_

Check Number \_\_\_\_\_

Date \_\_\_\_\_

Initials \_\_\_\_\_

\_\_\_\_\_  
signature required