



AAUW TEXAS EXPENSE VOUCHER

Name (Print) _____ Position _State Board Members_____

Home Address _____ City/State/Zip _____

E-mail _____

• **If not budgeted, expenditure was approved:**

_____ by President or _____ by Board Action on (date) _____

• **Travel purpose**

_____ Board Meeting _____ District Representative Travel _____ State Visitor Travel

_____ Other, specify

• **Automobile** (Maximum reimbursable not to exceed equivalent coach airfare.)

Date _____ Travel from _____ To/From _____ Miles _____

Date _____ Travel from _____ To _____ Miles _____

Total Miles _____ (at \$0.45 per Mile), **Total Amount \$** _____

• **Airfare** (Attach receipt/ticket)

Total Airfare \$ _____

• **Meals** (Maximum reimbursable-Breakfast \$8. Lunch \$10. Dinner \$17. No receipt required)

Date _____ Breakfast _____ Lunch _____ Dinner _____ Total _____

Date _____ Breakfast _____ Lunch _____ Dinner _____ Total _____

Date _____ Breakfast _____ Lunch _____ Dinner _____ Total _____

Date _____ Breakfast _____ Lunch _____ Dinner _____ Total _____

Total Meals \$ _____

• **Other Expenses** (Attach receipts. Note postage uses. Limit calls to AAUW Texas business.)

Expense _Contributions_ Budget Category _____ Amount _____

Expense _____ Budget Category _____ Amount _____

Total Other Expenses \$ _____

Signed _____ Date _____ **Voucher Total** _____

Reminder: Use Texas Sales Tax Exemption Certificate to avoid paying sales tax which is generally not reimbursable.

Within 30 days of incurring approved expenses, mail with appropriate receipts to:

Gayna A. Dupont, 2203 Postoak Court, San Antonio, Texas 78248

----- To Be Completed By State Finance Officer-----

Charge to Account _____ Amount _\$ _____

Charge to Account _____ Amount _\$ _____

Charge to Account _____ Amount _\$ _____

Date Paid _____ Check # _____ Voucher Total Paid _\$ _____

Paid by _____

AAUW Texas Finance Officer