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:

Diane Roberts, 5607 Saint Paul St., Bellaire, TX 77401

-------------------------------------------- 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