

# VOUCHER

## New York School Nutrition Association, Inc.

Invoice Number: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Mail check to: \_\_\_\_\_

Street/City/State/Zip: \_\_\_\_\_

Description of Expense: \_\_\_\_\_

Officer/Committee: \_\_\_\_\_ Date of Expense: \_\_\_\_\_ Account #: see below Class: \_\_\_\_\_

### A. TRAVEL EXPENSES - SEE REVERSE SIDE

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ TO: \_\_\_\_\_

ENTER FARE *or*

[ \_\_\_\_\_ ] MILES @ .51/Mile \_\_\_\_\_

PARKING and TOLLS (receipts required) \_\_\_\_\_

TAXI/LIMO (receipts required) \_\_\_\_\_

OTHER (specify) \_\_\_\_\_

CARPOOLING \* see reverse side for directions \_\_\_\_\_

(check if YES)

### A. TOTAL TRAVEL

\$ \_\_\_\_\_ A

### B. MEALS/LODGING EXPENSES - RECEIPTS REQUIRED

MEALS (receipts required) B1 \_\_\_\_\_

LODGING (receipts required) B2 \_\_\_\_\_

(based on dbl occupancy)

### B. TOTAL MEALS/LODGING

\$ \_\_\_\_\_ B

### C. OTHER EXPENSES - RECEIPTS REQUIRED

POSTAGE C1 \_\_\_\_\_

PRINTING C2 \_\_\_\_\_

REGISTRATION C3 \_\_\_\_\_

SUPPLIES C4 \_\_\_\_\_

TELEPHONE C5 \_\_\_\_\_

MISC. (SPECIFY) C7 \_\_\_\_\_

### C. TOTAL OTHER

\$ \_\_\_\_\_ C

### GRAND TOTAL

A + B + C \$ \_\_\_\_\_

less any previous advance

\$ \_\_\_\_\_

### BALANCE DUE

\$ \_\_\_\_\_

I hereby certify these expenses are correct and I am not receiving payment from any other source for any part of said expenses.

Claimant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

NYSNA President: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS FOR SUBMITTING VOUCHERS

1. Entire form must be completed, where applicable.
2. Original receipts for all claimed expenses must be attached to back of this voucher. Make sure that your name and date are on each receipt.
3. All expenses must be categorized as indicated on voucher.
4. \* **Procedures for reimbursement of carpooling are:** The **driver** will be reimbursed for carpooling expenses. All carpoolers will place a check (✓) on the line on the front page of the voucher indicating that you carpooled. Each person who carpooled must **submit the voucher to the driver** who will then submit all vouchers together per the usual procedure. The driver and each person who carpooled must be listed on the voucher (below). Reimbursement will be determined by how many people carpooled and the total amount of **all** carpoolers' expenses which will not exceed the combined reimbursement rate (per person) listed in the Headquarters section of the Operating Manual.

**Driver:** \_\_\_\_\_ **Rider:** \_\_\_\_\_

**Rider:** \_\_\_\_\_ **Rider:** \_\_\_\_\_

**Rider:** \_\_\_\_\_ **Rider:** \_\_\_\_\_

5. All signatures must be on this form before check will be issued:      Claimant, Committee Chair, and President.
6. To expedite reimbursement, routing of vouchers is:  
  
Claimant TO Committee Chair TO President TO HQ (Bookkeeper) TO Treasurer
7. A check will then be issued by the Bookkeeper, signed by the Treasurer, payable to the name at top of the voucher and mailed to the address indicated. Do not send your voucher to HQ; it must be signed by the President for payment to be issued.
8. If there are any special circumstances involved in submitting this voucher, state justification below:  
\_\_\_\_\_  
\_\_\_\_\_

9. If meal reimbursement is claimed, **provide receipts** and complete the following:

Date(s)					
<b>BREAKFAST</b>					
<b>LUNCH</b>					
<b>DINNER</b>					
<b>TOTALS</b>					

The daily allowance for meals shall be \$50.00. When a meal is provided by the conference, the allowance for that meal shall be subtracted from the \$50 daily allowance and the balance of the meal allowance may be distributed, in any proportion, between the 2 remaining meals. When fewer than three meals are eaten away from home, individual meal allowances shall be:

Breakfast	-	\$10.00
Lunch	-	\$15.00
Dinner	-	\$25.00

10. Miscellaneous Expenses (C6): specify such expenses as speaker fees, equipment rental, insurance, facilities fees, scholarship or prize awards, stipends, etc.