

National Alumni Association of Saint Augustine's College, Inc.

REIMBURSEMENT VOUCHER (Complete with ink, ballpoint pen or typewriter)

Last Name, First Name, Middle Initial

Check Mailing Address

PURPOSE

1. ITINERARY

Date	Local Standard Time (24 hr clock)	Place		Mode of Travel (check one) Mileage Reimbursement Rate = \$.48 per mile				Total Mileage Traveled	Travel Cost Per Trip
				Air	Car	Rail	Bus		
		City	State						
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								

2. OTHER REIMBURSABLE EXPENSES (Postage, Hotel, etc.)

Date	Nature & Explanation	Amount Claimed	Amount Allowed

I certify that the foregoing expenses incurred in the conduct of National Alumni Association of Saint Augustine's College business.

Signature _____

Date _____

3. APPROVED FOR PAYMENT – FOR OFFICE USE ONLY

REIMBURSEMENT EXPENSES _____

TOTAL AMOUNT DUE _____

President's Signature _____

Date _____

4. REMARKS
