

SCIENCE TEACHERS ASSOCIATION OF NEW YORK STATE, INC.
Voucher Claim Form



Name: _____

Address: _____

City: _____ State: _____ Zip : _____

Committee/Budget Area: _____ Code: _____

Justification for Expense Claim: _____

{Note: Itemized receipts must show the individual items involved in the transaction. For example, a postage receipt must show the nature of the mailing, or include a sample of the mailing.

(1) Travel Mileage: _____ miles @ \$0.30/mile \$ _____

Travel/Parking Tolls (attach original receipts) \$ _____

Air/Train Fares (attach original receipts) \$ _____

Total Travel (attach original receipts) (1) \$ _____

(2) Hotel/Motel room (attach original receipts) (2) \$ _____

(3) Meals (attach original receipts) (3) \$ _____

(4) Postage (attach original itemized receipts) (4) \$ _____

(5) Supplies (attach original itemized receipts) (5) \$ _____

(6) Phone (attach original or photocopy itemized receipts) (6) \$ _____

(7) Printing (attach original itemized receipts) (7) \$ _____

(8) Registration Fees (attach original receipts) (8) \$ _____

(9) Miscellaneous Expenses (list and attach original itemized receipts)

a. _____ \$ _____

b. _____ \$ _____

c. _____ \$ _____

Total Miscellaneous Expenses (9) \$ _____

(T) Total Expense Claimed (T) \$ _____

Person Requesting Payment: _____ Date: _____

Signature

Committee Chairperson: _____ Date: _____

Signature

Voucher Number: _____ Check Number: _____ Date of Payment: _____

Treasurer: _____ President: _____

Signature

Signature