

**AAUW TEXAS EXPENSE VOUCHER**

Remit to: Name (Print) \_\_\_\_\_ Position \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_

If not budgeted, expenditure was approved \_\_\_ by president or \_\_\_ by board  
 action on (date) \_\_\_\_\_

TRAVEL PURPOSE: \_\_\_ Board Meeting \_\_\_\_\_ District Director Travel  
 State Visitor Travel \_\_\_\_\_ Other \_\_\_\_\_

AUTO (Maximum reimbursable not to exceed equivalent coach airfare)

Date _____	Travel from _____	To _____	Miles _____	_____
Date _____	Travel from _____	To _____	Miles _____	_____
Total _____		Miles @ \$0.30 per Mile _____	_____	_____
		or Total Air fare _____	_____	_____

if AIRFARE (Attach receipt/ticket) \_\_\_\_\_

MEALS (No receipt required.)

Maximum reimbursable - Breakfast \$5, Lunch \$8, Dinner \$12)

Date _____	Breakfast _____	Lunch _____	Dinner _____	Total _____	_____
Date _____	Breakfast _____	Lunch _____	Dinner _____	Total _____	_____
Date _____	Breakfast _____	Lunch _____	Dinner _____	Total _____	_____
Total Meals _____					_____

OTHER EXPENSES (Attach receipts and note postage uses.)

Please limit calls to AAUW Texas business.)

_____	Budget Category _____	Amount _____	_____
_____	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 expense, please mail with appropriate  
 receipts to Margaret K. Bentley, AAUW TX Finance Officer, 1420 Daventry Drive,  
 DeSoto, TX 75115-7758

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 Charge to Account \_\_\_\_\_ Amount \_\_\_\_\_  
 Charge to Account \_\_\_\_\_ Amount \_\_\_\_\_  
 Charge to Account \_\_\_\_\_ Amount \_\_\_\_\_  
 Date Paid \_\_\_\_\_ Check # \_\_\_\_\_ Voucher Total Paid \_\_\_\_\_  
 Paid by \_\_\_\_\_ AAUW Texas finance Officer

White copy for file, yellow copy returned to board member after payment.