

**ILLINOIS ASSOCIATION OF COLLEGIATE REGISTRARS AND ADMISSIONS OFFICERS  
EXPENSE VOUCHER**

Name: \_\_\_\_\_

Address to which check is to be mailed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TRIP SUMMARY:** Purpose \_\_\_\_\_  
 Place \_\_\_\_\_ Date \_\_\_\_\_

**TRANSPORTATION**

Point of Departure	Mode of Travel	Amount
FROM:	Miles @ .585 per mile	
TO:	Other	
FROM:		
TO:		
<b>Total Transportation</b>		\$ _____

**LODGING**

Number of days \_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_  
 Number of days \_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_

**Total Lodging Charges** \$ \_\_\_\_\_

**MEALS**

Number of breakfast(s) and lunch(es) (instate) \_\_\_\_\_ @ \$5.50 = \_\_\_\_\_  
 Number of dinners (instate) \_\_\_\_\_ @ \$17.00 = \_\_\_\_\_  
 Number of breakfast(s) and lunch(es) (out of state) \_\_\_\_\_ @ \$6.50 \_\_\_\_\_  
 Number of dinners (out of state) \_\_\_\_\_ @ \$19.00 = \_\_\_\_\_

**Total Meal Charges** \$ \_\_\_\_\_

Comments \_\_\_\_\_

Miscellaneous (Itemize) \_\_\_\_\_  
 \_\_\_\_\_

**Total Miscellaneous Charges** \$ \_\_\_\_\_  
**Total Expenses** \$ \_\_\_\_\_

*My signature confirms that these expenses were incurred on behalf of IACRAO and that my college/ university is not reimbursing me for these expenses.*

Signed \_\_\_\_\_

Date \_\_\_\_\_

7/08	Check number	Date	Account	Posted
------	--------------	------	---------	--------