

**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 @ .50 per mile	
TO:	Other	
FROM:		
TO:		
Total Transportation		\$ _____

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 _____

2/10

Check number	Date	Account	Posted