



Region 11 Expense Voucher

- Regional Convention
 Summer Sizzler
 Fall Festival
 Chorus Visitation/Coaching
 Committee Meeting (committee name) _____
 Other _____

TRAVEL EXPENSES

Mileage: _____ miles at _____ per mile \$ _____
Housing: _____ nights at \$ _____ (up to half a double room) \$ _____
Per Diem: _____ full days at \$45 per day _____ partial days at \$22.50 per day \$ _____
Other: _____ \$ _____

Travel Subtotal: \$ _____
Less paid expenses (i.e., luncheons): \$ _____
Travel Total: \$ _____

OTHER EXPENSES

Description	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Date Submitted _____ **Other Expenses Total:** \$ _____
Name _____ **Travel Total** (from above): \$ _____
Title _____
Address _____ **TOTAL DUE:** \$ _____
City/State/Zip _____

*All Expense Vouchers **must be approved** by the appropriate RMT member before being submitted to the Finance Coordinator. Expense Vouchers must be submitted **within 30 days** of the event.*

RMT Coordinator signature _____ Date _____

Appropriate Funding Tier (to be completed by person signing above):
 Tier 1
 Tier 2
 Tier 3
 Tier 4

Date paid _____ Amount paid \$ _____ Check No. _____