



ALASKA STATE AUXILIARY, FRATERNAL ORDER OF EAGLES

Expense Voucher Form

*** NOTE: Voucher VOID if not submitted within 30 Days from transaction date.***

TODAY'S DATE: _____

NAME: _____

TITLE: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____

(Home)

(Mobile)

E-mail: _____

TYPE OF TRAVEL:		Authorized by SMP or SMS	
Presidential Travel			
State Convention			
International Convention			
Mid-winter Conf.			
Conciliation Comm.			
Other: (explain)			

Specific purpose of travel:

DATE	ITEM Receipts MUST be attached. Without receipts, reimbursement will be denied.	Amount claimed	State Accounting information	
			Amount allowed	paid by check #
	Airfare			
	Mileage @ current IRS charitable rate (.14)			
	Taxi or Transportation			
	Hotel			
	Other:			
Total				

Alaska State Auxiliary bylaws Section 5.1 limits reimbursement to \$500.00 for serving State officers and PSMP attending either the Executive meeting ,State Convention or Grand Convention

To the AlaskaState Auxiliary , Fraternal Order of Eagles: I hereby certify on my honor that the services or material above mentioned, for which payment is asked, were actually rendered or furnished to and for the Alaska State Auxiliary, Fraternal Order of Eagles, as herein stated, and that the above stated bill is true and correct, to the best of my knowledge and belief.

Further, I hereby certify that the above amount claimed is for reimbursement of expenses only, in connection with my assignment to represent the Alaska State Auxiliary, and In no way is considered by me to be in the form of compensation or salary for services rendered.

This Expense Account Void Unless Filed Within 30 Days of the transaction date.

SIGNATURE: _____

APPROVED BY: _____