

FIREMEN'S LEGISLATIVE FEDERATION OF PENNSYLVANIA EXPENSE VOUCHER

This voucher is for: _____

Expenses in connection with attendance at _____ (conference/meeting)

At _____ on _____ sponsored by _____

Expenses – Other (describe) _____

Transportation:

Date of Departure _____ Date of Return _____
 Private Automobile _____ miles at \$.485 cents per mile \$ _____
 Airfare Train Bus (Attach copy of Ticket) \$ _____
 Rent a Car at meeting location (Attach copy of Bill) \$ _____

Hotel or Motel:

Hotel or Motel expense (Attach copy of Bill) \$ _____

Meeting Registration Fee:

Meeting Registration Fee Expense (Attach Receipt)..... \$ _____

Daily Expenses:

Daily Expenses (From Reverse side of Voucher) \$ _____

TOTAL EXPENSES \$ _____

SETTLEMENT

Total expenses which I incurred \$ _____

Less amount received as an advance(if any) \$ _____

Equals

Refund which I owe to (my check is attached)

or

Amount owed to me (I am requesting reimbursement) \$ _____

I hereby certify that the expenses detailed on this voucher are the proper and actual expenses which I incurred in connection with the activity noted above and approved by motion at a proper meeting of the Firemen's Legislative Federation on this _____ day of _____, 20__

Signature

Address

NOTE: This voucher is for expenses personally incurred by you. If any item has been paid directly, such as transportation charges, hotel deposits, or registration fees, do not list them on this voucher. If you travel with a family member or other person not connected with this expense fund, the expenses of such persons are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example: If the hotel or motel bill contains a charge for a double room because of a family member, subtract the difference between the double room rate and the single room and indicate on the bill that only the balance is being charged). Meals should not be listed if they are otherwise included with air transportation or included on the hotel or motel bills. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitations, which have been adopted by the Firemen's Legislative Federation of Pennsylvania.

DAILY EXPENSES (original receipts must be attached for reimbursement)

Number of days spent on this activity including travel days_____

DATE:

DATE:

Breakfast & Tip	\$ _____
Lunch & Tip	\$ _____
Dinner & Tip	\$ _____
Beverage & Tip	\$ _____
Porters--Bellmen	\$ _____
Limos-Taxis-Buses	\$ _____
Other (Maid, etc)	\$ _____
 Total This Date	 \$ _____

Breakfast & Tip	\$ _____
Lunch & Tip	\$ _____
Dinner & Tip	\$ _____
Beverage & Tip	\$ _____
Porters--Bellmen	\$ _____
Limos-Taxis-Buses	\$ _____
Other (Maid, etc)	\$ _____
 Total This Date	 \$ _____

DATE:

DATE:

Breakfast & Tip	\$ _____
Lunch & Tip	\$ _____
Dinner & Tip	\$ _____
Beverage & Tip	\$ _____
Porters--Bellmen	\$ _____
Limos-Taxis-Buses	\$ _____
Other (Maid, etc)	\$ _____
 Total This Date	 \$ _____

Breakfast & Tip	\$ _____
Lunch & Tip	\$ _____
Dinner & Tip	\$ _____
Beverage & Tip	\$ _____
Porters--Bellmen	\$ _____
Limos-Taxis-Buses	\$ _____
Other (Maid, etc)	\$ _____
 Total This Date	 \$ _____

DATE:

DATE:

Breakfast & Tip	\$ _____
Lunch & Tip	\$ _____
Dinner & Tip	\$ _____
Beverage & Tip	\$ _____
Porters--Bellmen	\$ _____
Limos-Taxis-Buses	\$ _____
Other (Maid, etc)	\$ _____
 Total This Date	 \$ _____

Breakfast & Tip	\$ _____
Lunch & Tip	\$ _____
Dinner & Tip	\$ _____
Beverage & Tip	\$ _____
Porters--Bellmen	\$ _____
Limos-Taxis-Buses	\$ _____
Other (Maid, etc)	\$ _____
 Total This Date	 \$ _____

If additional daily expenses were incurred, please use another sheet

TOTAL OF ALL DAILY EXPENSES

\$ _____

Transfer this amount to the front side of voucher

EXPLANATIONS (if needed)
