Expense Voucher

Complete both front and back of this form. Please print neatly in black ink or type. Staple receipts behind this form.

National Press Photographers Association
3200 Croasdaile
Suite 306
Durham, NC
27705

Regional directors, committee chairs and officers: after the expense voucher has been authorized, please send it to the executive director.

Please allow 3-4 weeks for payment.

All expenses to be reimbursed must have original receipts attached and must be submitted within 90 days of expenditure.

DATE _____ **CHARGE TO ACCOUNT** _____

Primary reason for expense/activity _____

Location of event/activity _____

NPPA will not reimburse for room or valet service, drinks or other entertainment, phone calls, or expenses deemed to be of a personal nature.

HOTEL

For _____ nights at $_____ per night including tax. . . . . $ 0.00

SUB-TOTAL Hotel $ 0.00

TRAVEL

Plane, train or bus fare . . . . . $ _____
Taxi, bus or other local travel . . . . . $ _____
Mileage for _____ miles at 44.5¢ per mile . . . . . $ _____
Parking . . . . . $ _____

SUB-TOTAL Travel $ 0.00

MEALS

Date	Daily Total
1 _____	$ _____
2 _____	$ _____
3 _____	$ _____
4 _____	$ _____
5 _____	$ _____
6 _____	$ _____
7 _____	$ _____

New policy allows for a total daily meal rate of up to $40 *per person per day. This replaces individual meal amounts. If more than one person is on a receipt, list each individual's name on the reverse side of this form*

SUB-TOTAL Meals $ 0.00

OTHER

Printing/copying of _____ . . . . . $ _____
Office supplies including _____ . . . . $ _____
Postage . . . . . $ _____
Telephone . . . . . $ _____
E-mail . . . . . $ _____
Newsletter printing of volume _____, issue _____ . . . . . $ _____
Newsletter postage . . . . . $ _____
Other. . . . . $ _____

On the reverse side of this form, itemize all expenses that are not for lodging, travel, or food.

SUB-TOTAL Other $ 0.00

LESS Advance $ _____

GRAND TOTAL $ 0.00

All of these expenses conform to NPPA's policies and procedures regarding the expenditure of funds. Further, all of these expenses were made for NPPA activities.

_____ _____ _____ _____
Person submitting *Date* *Approval* *Date*

MAKE CHECK PAYABLE TO:

Name _____
Company _____
Address _____
City _____ State _____ ZIP _____

NPPA USE ONLY Date Rec'd_____ Date Payment Mailed_____

Expense Voucher Back Page

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MEALS

Some of the meals listed on the reverse side weren't just for myself. They were for other people also authorized to be dining at NPPA expense. I understand that for auditing purposes, I must list those people below by name. They should not *be submitting expense vouchers for these meals.*

Date	*Breakfast, lunch or dinner (Circle one)*	*Names*
_____	*B L D*	_____
_____	*B L D*	_____
_____	*B L D*	_____
_____	*B L D*	_____
_____	*B L D*	_____
_____	*B L D*	_____

OTHER

Itemize all "other" expenses that are not clearly documented on the front side of this form.