

KANSAS CHAPTER NAHRO
EXPENSE AND REIMBURSEMENT VOUCHER

Date _____

Direct Payment Reimburse

Submitted by: _____

Pay to: _____

City, State

Zip

Please attach all invoices, receipts and other supporting documents to this form.
Payment requests not properly documented will be returned.

Description of Expenses: _____

Itemization of Expense

Budget Line Item	_____	Registration	\$_____
Budget Line Item	_____	Air Travel	\$_____
Budget Line Item	_____	Checked Baggage Charge	\$_____
Budget Line Item	_____	Shuttle/Taxi	\$_____
Budget Line Item	_____	Mileage	\$_____
Budget Line Item	_____	Parking	\$_____
Budget Line Item	_____	Hotel	\$_____
Budget Line Item	_____	Meals	\$_____
Budget Line Item	_____	Supplies	\$_____
Budget Line Item	_____	Postage	\$_____
Budget Line Item	_____	Printing	\$_____
Budget Line Item	_____	Website	\$_____
Budget Line Item	_____	Service Officer	\$_____
Budget Line Item	_____	Other	\$_____

I certify the above request for funds totaling \$_____ to be true and correct.

Signature _____



Approved for payment – Kansas NAHRO President _____

– Kansas NAHRO Treasurer _____

Date Paid _____ Check # _____ Amount \$ _____