

**CALIFORNIA STATE ASSOCIATION OF PARLIAMENTARIANS
REIMBURSEMENT VOUCHER**

NAME _____ DATE _____

ADDRESS _____

OFFICE _____

Expenses: (Please attach your receipts when applicable.)

TRAVEL _____ Miles @ 40¢	\$ _____
Airfare	\$ _____
Parking, Bridge Tolls, etc.	\$ _____
POSTAGE	\$ _____
STATIONERY, PRINTING, etc.	\$ _____
TELEPHONE	\$ _____
OFFICE SUPPLIES	\$ _____
OTHER _____	\$ _____
TOTAL Expenditures	\$ _____

/s/ _____

APPROVED _____ PAID _____ CHECK NO. _____



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