

USPC Middle California Region Expense Form

NAME: _____ DATE: _____

Club Name: _____

I request reimbursement for amounts expended by me as _____ in connection with _____ on (date/s) _____.

1. TRAVEL

a. Mileage: _____ @ \$0.25 per mile\$ _____

b. Tickets: Airline, Bus, Train (Receipts must be attached)\$ _____

2. POSTAGE (Receipts must be attached)\$ _____

3. TELEPHONE (Attach copies of marked monthly bills)\$ _____

4. PRINTING/PHOTOCOPIES (Attach invoices)\$ _____

5. FEE (If applicable)\$ _____

6. Other (Explain)\$ _____

7. TOTAL\$ _____

8. BALANCE DUE (amount to be refunded to you)\$ _____

Chairperson/Organizer's Approval: _____

Send Check to: _____

Signature: _____

All requests for reimbursement of expenses must be accompanied by receipts. This applies to tolls, parking, meals, copies, etc. This is an IRS requirement for non-profit organizations. This voucher should be approved by your Chairperson/Organizer before submitting it to USPC for reimbursement.

Send To: Judi Martin, 5750 Redwood Road, Oakland CA 94619 jmarti8445@aol.com.

FOR OFFICE USE ONLY

Received _____

Approved _____

Date Paid _____

Check# _____