



# Ohio Association of Collegiate Registrars and Admissions Officers

## Expense Voucher

It is the policy of OACRAO to reimburse all reasonable and necessary expenses to those engaging in business activities at the request of the Association. Each person requesting a reimbursement from the Association must have prior approval. Please submit this voucher to the OACRAO Treasurer along with all applicable receipts within 45 days after incurring the expense. OACRAO is a tax exempt 501(c)(3) organization with the tax identification number 20-1352881.

Name: \_\_\_\_\_

*If Check Is to Be Mailed*, Mailing Address Where You Would Like It Sent:

Street 1: \_\_\_\_\_

Street 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Expense Rationale (Include Committee Names as Applicable): \_\_\_\_\_

Expense Type: \_\_\_\_\_

Transportation (reimbursed at \$0.655 per mile):

From: \_\_\_\_\_ To: \_\_\_\_\_ (A) \_\_\_\_\_ miles

From: \_\_\_\_\_ To: \_\_\_\_\_ (B) \_\_\_\_\_ miles

Total Mileage (A+B) = (C) \_\_\_\_\_ miles

Total Transportation Expenses (C \* .67) = (D) \_\_\_\_\_

Other (Describe Expense, Provide Reason, Committee Names as Applicable, Attendees at Meals, and Attach Itemized Receipts):

\_\_\_\_\_

\_\_\_\_\_

Total Other Expenses: (E) \_\_\_\_\_

I hereby certify that this expense voucher is a true statement of reasonable and necessary expenses incurred while performing official OACRAO duties and that I am not seeking reimbursement for these same expenses through any additional source.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OACRAO Treasurer Use Only					
Check #	o r	Last 4 Digits of Card #	Date	Amount	Approver Initials