

RECEIVED PAYMENT
 (Please initial and return to
 Accounting Dept.)

EXPENSE VOUCHER

Please PRINT in Ink

F01-40/Rev.MAR 2017

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Member Number

Name _____

First Name

Initial

Last Name

Address _____

City _____ Postal Code _____

Expenses charged to: Y

PSA Number

Name of PSA

Expense related to:

Executive Meeting	<input type="checkbox"/>	Table Officers' Mtg.	<input type="checkbox"/>	PSA Council	<input type="checkbox"/>
Committee Mtg.	<input type="checkbox"/>	Annual General Mtg.	<input type="checkbox"/>	Conference	<input type="checkbox"/>

on date of: _____

Trip from _____ to _____

		\$	¢
Transportation*	_____ km @ _____ ¢ per km		
Ferry	_____		
Parking	_____		
Bus	_____		
Plane	_____		
Hotel*	_____ days @ \$ _____ per day		
Meals*	_____ breakfast @ \$ _____ ea		
	_____ lunch @ \$ _____ ea		
	_____ dinner @ \$ _____ ea		
SUB TOTAL			
Expenses charged to: GL		90	Y 9 9
	GL# PSA# Sub Code		ADVANCE ()

Other Expenses	PSA Budget Category				
	90	Y	-	9 9	
	90	Y	-	9 9	
	90	Y	-	9 9	
	90	Y	-	9 9	
Description	GL#	PSA #	Sub Code	TOTAL	

Date _____

Signed _____

Certified _____

* PLEASE REFER TO POLICY REGARDING YOUR PSA FOR APPLICABLE RATES