

EXPENSE VOUCHER
F01-40/Rev.MAR 2017

Please PRINT in Ink

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



M | | | | | | | |
Member Number

Name _____
First Name Initial Last Name

Address _____

City _____ Postal Code _____

Expenses charged to: Y _____
PSA Number Name of PSA

Expense related to: Local Chapter Executive Meeting Table Officers' Mtg. PSA Council
Committee Mtg. Annual General Mtg. Conference

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					
	ADVANCE (_____)					

Fill expenses here

Expenses charged to: GL 90 PSA# Y Sub Code 9 9



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

Date _____
Signed _____
Certified _____

* PLEASE REFER TO POLICY REGARDING YOUR PSA FOR APPLICABLE RATES