

**North Carolina Association of Occupational Health Nurses
Association**

Travel Expense Voucher

Please complete all of the fields below to issue your request.

**Name of person issuing
request:** _____

**Office and/or Committee
Represented:** _____

**Phone
Number:** _____

Address: _____

**Date of
request:** _____

**Name of
Meeting:** _____

**Date(s) of
Meeting:** _____

**Place of
Meeting:** _____

**Transportation: Airfare, Rail, or Bus (attach receipt/tickets, ect.)
\$ _____**

Mileage (_____ miles at .48 per mile) \$ _____

Taxi \$ _____

Parking \$ _____

Subsistance: Hotel (attach receipt) \$ _____

Phone \$ _____

Meals (combine all days)

Breakfast \$ _____

Lunch \$ _____

Dinner \$ _____

Other _____ \$ _____

Total Expenditures: \$ _____

The above is a true statement of personal expenditures made by me in traveling on official business of the NCAOHN, Inc.

Signature and Date

<p><u>For Treasurer's Use Only:</u></p> <p>Request reviewed on _____</p> <p>Chart of Account number assigned _____</p> <p>Paid by check number# _____</p> <p>Check mailed on _____</p> <p>Treasurer's Signature _____</p>
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