

ALABAMA BANDMASTERS  
ASSOCIATION  
EXPENSE VOUCHER

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

Number: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Do not write above this line.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State/ZIP \_\_\_\_\_

TRAVEL EXPENSES

ABA Event: \_\_\_\_\_ Date(s): \_\_\_\_\_

Auto mileage: \_\_\_\_\_ miles @ \$.50 per mile..... \$ \_\_\_\_\_

Air fare from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_  
(Attach receipts)

Motel expense for \_\_\_\_\_ days (attach receipts)..... \$ \_\_\_\_\_  
(Attach receipts)

Meals prorated at \$40.00 per day:

\_\_\_\_\_ breakfasts @\$10.00 \$ \_\_\_\_\_

\_\_\_\_\_ lunches @ \$10.00 \$ \_\_\_\_\_

\_\_\_\_\_ dinners @ \$20.00 \$ \_\_\_\_\_

TOTAL MEALS \$ \_\_\_\_\_

TOTAL TRAVEL EXPENSES \$ \_\_\_\_\_

OTHER EXPENSES

(Attach receipts if possible)

TO \_\_\_\_\_ FOR \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

TO \_\_\_\_\_ FOR \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

TOTAL OTHER EXPENSES \$ \_\_\_\_\_

TOTAL EXPENSES \$ \_\_\_\_\_

Signed \_\_\_\_\_ Position \_\_\_\_\_

Forward to: Gene T. Gooch, Executive Secretary  
1913 Conway Drive  
Florence, AL 35630