

AMEA EXPENSE VOUCHER

Name _____ Date _____

Position _____ Event _____

Home Address _____

Phone _____ Email _____

Mileage:

From _____ To _____

From _____ To _____

Total Miles _____ @ *.44 per mile* _____

Hotel Name _____ Charges: ____ + _____

Meals: (Indicate the number of meals claimed)

Breakfast _____
(\$10.00)

Lunch _____
(\$10.00)

Dinner _____
(\$20.00)

Total Amt. Meals Claimed: _____

Miscellaneous Expenses:

Total Amt. Misc. Claimed: _____

TOTAL EXPENSE CLAIM _____

Member Signature _____ Date _____

Verified/Paid by _____ Check # _____