AEA-Retired Voucher

Name _____ **Date** _____

Address _____ **Phone** _____

Mileage Reimbursement (pre-approved)

Date	Destination (from/to)	Purpose of Trip	Miles

Reimbursable Expenses (Receipts must be attached)

Item(s)	Budget Category	Amount

(Budget Categories: President, Office, Executive Board, Conduit, Director's Line, Conventions, Membership, Chapters, Presentations, Legislative, Social, Fundraisers, Elections, Grants, Miscellaneous)

_____

Signature of Member

_____

Approval **Check Number** **Date Paid**