

CTA Expense Voucher Form

All requests for reimbursement must be accompanied by this form. Only (1) expense per voucher. Without this form accompanying your request, payment can not be made.

All expenses must have a receipt in order to be reimbursed .

Approved By: _____ Position: _____
 (Signature of CTA officer or Designee)

Payment To: _____

School: _____

Submitted By: _____

Date of Expenditure: _____ CTA Check # if issued: _____

TOTAL AMOUNT BEING REQUESTED \$ _____

Purpose of Expenditure: (if for convention - itemize travel, hotel, etc...

For Credit Card Use

Where was the card used: _____

Card type: _____

Card #: _____

Card Signator: _____

(If other than person to whom issued)

Amount: \$ _____

Fill in when applicable

Do not write in this column

Milage (round trip)	<input type="text"/>	Miles	<input type="text"/>	Reimbursement rate/mile	= \$	<input type="text" value="0.00"/>
Number of Breakfasts	<input type="text"/>	Rate	<input type="text"/>	(\$20 city/\$15 local)	= \$	<input type="text" value="0.00"/>
Number of Lunches	<input type="text"/>	Rate	<input type="text"/>	(\$30 City/\$25 local)		<input type="text" value="0.00"/>
Number of Dinners	<input type="text"/>	Rate	<input type="text"/>	(\$75 City/\$50 local)		<input type="text" value="0.00"/>
Registration Fee	<input type="text"/>				= \$	<input type="text" value="0.00"/>
Nights of Lodging	<input type="text"/>	Rate per night	<input type="text"/>		= \$	<input type="text" value="0.00"/>
Type of Transportation	<input type="text"/>					
Public Carrier Name	<input type="text"/>					
Fare (round trip)	<input type="text"/>				= \$	<input type="text" value="0.00"/>

Total

Treasurer: _____ Date: _____ Check #: _____