

NACS-FSA EXPENSE VOUCHER

NAME:		
HOME ADDRESS:		
EMAIL:	PHONE:	
OFFICE ADDRESS:		
TRAVEL DETAILS		
PURPOSE:		
TRAVEL DATES:		
POSITION HELD FOR REIMBURSEMENT:		
TRANSPORTATION		
ROUND TRIP PLANE TICKET COST:	=	
TRIP MILES CLAIMED: ()miles x \$0.25	=	
SHUTTLE SERVICE ROUND TRIP (from Airport to Hotel and Back):	=	
AIRPORT PARKING FEE:	=	
COMMENTS:		
TOTAL TRANSPORTATION:	A	\$
LODGING		
DATES:		
NO. NIGHTS () X COST PER NIGHT incl. tax(\$)	=	
TOTAL LODGING:	B	\$
MISC. EXPENSES (Postage, Supplies, Misc.)		
DATES OF SERVICES:		
ITEM DESCRIPTION	COST	
1.		
2.		
3.		
4.		
5.		
TOTAL MISC. EXPENSES:	C	\$
FINAL CLAIM AMOUNT		
TOTAL ALL EXPENSES (Item A + B +C):	D	\$
TOTAL AMOUNT CLAIMED (Adjusted by maximum allowances):		
Maximum Allowances: -Zone Meetings - \$300.00 for State Presidents and the Zone Representative. -NACS National Convention - \$400.00 for Committee Members attending the NACS National Convention. -National Board members attending the NACS National Convention - \$500.00 . The National President shall travel by the most economical means and be reimbursed for actual costs. Maximum transportation is no more than \$0.25 per mile.		
	E	\$

CLAIMANT'S SIGNATURE: _____ DATE: _____

RECEIPTS FOR AIR TRAVEL, MOTEL/HOTEL LODGING, SUPPLIES, POSTAGE AND MISC. MUST BE ATTACHED FOR REIMBURSEMENT. PAYMENT RATES AS APPROVED BY THE NACS BOARD.

VOUCHER APPROVAL/PAYMENT				
APPROVED:		DATE:		DATE PAID:
CHECK NO.		AMOUNT PAID:	F	\$