

2018 WOEА Expense Voucher

Date _____
 Name _____
 Address _____
 City/St/Zip _____
 E-mail _____
 Phone No. _____

Change of Address: YES _____

Western Ohio Education Association
 1100 Wayne Street, Suite 2522
 Troy, Ohio 45373

Voucher Number _____

Vendor Number _____

This voucher must be completed for reimburseable business expenses. Attach itemized* receipts for hotel, airfare, meals and other business expenses.

Acct	Date	Trips (Destination and Business Purpose)	Miles	Reimb @ \$.545	Room	Brkfst	Lunch	Dinner	Airfare	Cab	Luggage	Tips	Other *	Other *	Total
Totals this reporting period															
														Less Other Reimbursement*	0.00
														NET AMOUNT DUE (OWED)	0.00

Per WOEА Policy - 3.09 - 3.10
*An original itemized receipt has every item purchased listed on the receipt.
Individual meal expense limits: breakfast \$6, lunch \$9, dinner \$20, incidentals \$7
Mileage reimbursement is calculated using a rate determined annually on January 1 by the IRS; however, this rate may be adjusted at any time at the discretion of the IRS.
All expense vouchers must be returned to WOEА within 30 days of date the expense is incurred.

*Example of other reimbursement is scholarship funds from Local Association

Payee's Signature and Date _____

Approved (authorized signature) and Date _____