

2025 WOE A Expense Voucher

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

Change of Address: YES _____

Western Ohio Education Association
 308 James E. Bohanan Memorial Drive
 Vandalia, Ohio 45377
 937-387-9960

Voucher Number _____

Vendor Number _____

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

Acct	Date	Trips (Destination and Business Purpose)	Miles	Reimb @	Room	Brkfast	Lunch	Dinner	Airfare	Cab	Luggage	Tips	Other *	Other *	Total
				0.70											
				0.70											
				0.70											
				0.70											
				0.70											
				0.70											
				0.70											
				0.70											
				0.70											
				0.70											
				0.70											
				0.70											
Totals this reporting period															

Less Other Reimbursement* _____
 NET AMOUNT DUE (OWED) _____

Per WOE A 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 WOE A 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 _____