



1115 Inman Avenue • Suite150 • Edison, NJ 08820
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EXPENSE VOUCHER

Expenses in connection with attendance at : _____ (Location)
Held on : _____ (Date(s) of Meeting)
OTHER: (Describe reason for Incurring Expenses) _____

Date of Departure: _____ Date of Return: _____

EXPENSES

TRANSPORTATION EXPENSES:

Airfare, Train, Bus _____ \$ _____

Rental Car: _____ \$ _____

DAILY EXPENSES: (From Page 2) _____ \$ _____

MEETING REGISTRATION FEE: (Attach Receipt): _____ \$ _____

SETTLEMENT

Total Expenses which I incurred.....\$ _____

Less Amount received (If any).....\$ _____

EQUALS:.....\$ _____

Refund which I OWE (My Check attached).....\$ _____

OR

Amount Owed to me, REQUEST REIMBURSEMENT.....\$ _____

I hereby certify that the expenses detailed on this VOUCHER are the proper and actual expenses incurred by me in connection with the activity noted above.

DATED THIS _____ DAY OF _____, 20 _____

Signature

Address and City



DAILY EXPENSES (ATTACH RECEIPTS FOR ALL MEAL EXPENSES AND ANY SINGLE ITEM OF \$25 OR MORE)

DATE: _____	DATE: _____	DATE: _____
HOTEL ROOM PLUS TAX \$ _____	HOTEL ROOM PLUS TAX \$ _____	HOTEL ROOM PLUS TAX \$ _____
BREAKFAST & TIP \$ _____	BREAKFAST & TIP \$ _____	BREAKFAST & TIP \$ _____
LUNCH & TIP \$ _____	LUNCH & TIP \$ _____	LUNCH & TIP \$ _____
DINNER & TIP \$ _____	DINNER & TIP \$ _____	DINNER & TIP \$ _____
BEVERAGES & TIP \$ _____	BEVERAGES & TIP \$ _____	BEVERAGES & TIP \$ _____
PORTERS—BELLMEN \$ _____	PORTERS—BELLMEN \$ _____	PORTERS—BELLMEN \$ _____
LIMOS—TAXIS—BUSES \$ _____	LIMOS—TAXIS—BUSES \$ _____	LIMOS—TAXIS—BUSES \$ _____
_____ \$ _____	_____ \$ _____	_____ \$ _____
(Other)	(Other)	(Other)
TOTAL THIS DATE \$ _____	TOTAL THIS DATE \$ _____	TOTAL THIS DATE \$ _____

DATE: _____	DATE: _____	DATE: _____
HOTEL ROOM PLUS TAX \$ _____	HOTEL ROOM PLUS TAX \$ _____	HOTEL ROOM PLUS TAX \$ _____
BREAKFAST & TIP \$ _____	BREAKFAST & TIP \$ _____	BREAKFAST & TIP \$ _____
LUNCH & TIP \$ _____	LUNCH & TIP \$ _____	LUNCH & TIP \$ _____
DINNER & TIP \$ _____	DINNER & TIP \$ _____	DINNER & TIP \$ _____
BEVERAGES & TIP \$ _____	BEVERAGES & TIP \$ _____	BEVERAGES & TIP \$ _____
PORTERS—BELLMEN \$ _____	PORTERS—BELLMEN \$ _____	PORTERS—BELLMEN \$ _____
LIMOS—TAXIS—BUSES \$ _____	LIMOS—TAXIS—BUSES \$ _____	LIMOS—TAXIS—BUSES \$ _____
_____ \$ _____	_____ \$ _____	_____ \$ _____
(Other)	(Other)	(Other)
TOTAL THIS DATE \$ _____	TOTAL THIS DATE \$ _____	TOTAL THIS DATE \$ _____

TOTAL OF ALL DAILY EXPENSES \$ _____

(Transfer amount to page 1 of voucher)

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 EXPLANATIONS (IF NEEDED):

"Reimbursable expenses" shall not include expenses of a personal nature or those expenses, which are not related to business. For example, personal recreational expenses such as golf, tennis, rental of fishing boat and in-room movies are not reimbursable expenses.

Approved By _____

Date _____