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Association of California School Administrators ACSA Santa Clara County Region 8 998 Spencer Ave San Jose, CA 95125

Expense Voucher

		Date:
TO: ACSA Region 8, Attn: Ann Jones 1970 Dr Or email to ajhereathome	eydon Avenue, Cambria CA 934	
Date of Expense	Purpose of expense or meet	ting
Issue Check to:		
Mailing address		Phone #
Office or Committee Approv	al	
Region President Approval_		
Travel: Mileage	miles @ per mile	\$
Transportation (all ex	penses other than mileage)	
Honorarium (including speal	ker's fees)	
**Attach IRS Form W	9 if not already submitted	
Printing		
Lodging		
Meals (including tips)		
Telephone		
Office Supplies		
Other (describe)		
Total Expense		
(Plea	se attach all applicable receipts)	