



*Association of California School Administrators
Santa Clara County
Region 8*

EXPENSE VOUCHER

Date _____

Check # _____

TO: ACSA Region 8
Attn: Shari Roth
17975 Laurel Wood Lane
Morgan Hill, CA 95037

Date of Expense Purpose of expense or meeting

Name _____

Address _____

Office or Committee _____

Travel:	Cost	
Mileage _____ miles @ _____ per mile	\$ _____	\$ _____
Transportation (all expenses other than mileage)	_____	_____
Honorarium (including speaker's fees)	_____	_____
Printing	_____	\$ _____
Lodging	_____	_____
Meals (including tips)	_____	_____
Telephone	_____	_____
Office Supplies (including postage)	_____	_____
Miscellaneous (describe) _____	_____	\$ _____

TOTAL EXPENSE	\$ _____	\$ _____

(Please attach all applicable receipts.)

Signature _____

Approved by Committee Chairman _____

Approved by Treasurer _____