



*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 rothshari@gmail.com

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 _____