California ADK
Reimbursement Voucher

Name: _____ Date: _____

Address _____

Email: _____ Cell Phone: _____

District Conference Regional Conference State Convention International Convention Other:

_____

PLEASE ATTACH RECEIPTS:

Hotel Fees: _____

Travel:

Auto mileage: $0.60 x _____ = _____

Car rental / gas:_____

Tolls / Parking / Bags: _____

Air Fare: _____

Ride Share _____

Per Diem: $35 x _____ nights = _____

Supplies: _____

Postage: _____

Printing: _____

Courtesy: _____

Bookkeeping / Taxes: _____

Website / Office Equipment: _____

State Committee: _____

Altruism / Scholarship: _____

Other (explain): _____

Signature _____

Total _____ Check # _____