



# WEEKLY EXPENSE ACCOUNT VOUCHER

Mailing Address: \_\_\_\_\_

PERIOD: \_\_\_\_\_ DATE: \_\_\_\_\_ 20 \_\_\_\_\_

*In reporting your expenses, please complete each item. This form is not complete unless all receipts have been attached.*

DATE(S)	PLACE & ACTIVITY	DIRECT BILL RECEIPTS		TRANSPORTATION		MEAL EXPENSES		OTHER	
		A - Airline Ticket C - Car Rental H - Hotel R - Restaurant		T - Taxi B - Bus TR - Train A - Auto Mileage (.405 per mi) (List Actual Miles) G - Gas		(Include receipt) B - Breakfast L - Lunch D - Dinner O - Other		A - Airport Parking P - Telephone M - Misc. Exp. (Explain)	
		Code		Code		Code		Code	
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
<b>TOTALS</b>									

*I hereby certify that the above items are a true screening of expenses incurred by and in promoting the interests of the Indian Educators Federation.*

**TOTAL AMOUNT DUE \$** \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_