EXPENSE VOUCHER



Charge To GL Code:

Assesment Fund for Stipends

Pay to the Order of:		
Street Address:	Date:	
City, State, ZIP:	Purpose:	2019 Legislative Summit
Telephone Number:		

Expense	Date					Totals
Gas (Not mileage)						
Event host Hotel						
Airfare						
Registration (lowest rate)						
Tot	als					

Instructions: Read Carefully

A. All expense reciepts must be attached to voucher

B. Expense items must be clearly and correctly identified

C. By signing this voucher the payee certifies that they

Signature of Payee

attended all general sessions, mandatory meetings and at least one training session, if offered at event. Vouchers are due to the State President no later than 30 days from the end of the event Late vouchers will not be considered.

Not to exceed \$500.00

Certified correct in the amount of

Verified

State President

State Treasurer

This voucher must be submitted directly to the IL UPMA within 30 days.

Send completed form to:IL UPMA State President PO Box 1 Lincoln IL 62656-0001