## **EXPENSE VOUCHER**



Charge To GL Code: Assesment Fund for Stipends

Pay to the Order of:									
Street Address:					Date:				
City, State, ZIP:					Pt	ırpose:			
Telephone Number:				<b>_</b>					
				•	_		•		
Expense	Date								
Gas (Not mileage)									
Event host Hotel									
Airfare									
Registration (lowest rate)									
	Totals								
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 attended alll 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.				
Signature of Payee					Certified correct in the amount of				
Verified	State Preside	. m.t		_				State Treasur	

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