

UU District of Metro NY Expense Voucher – Volunteer

PLEASE PRINT CLEARLY

Make check payable to: _____ Date of request: _____

Full Address: _____

Area code/phone: _____ Email: _____

<u>UUDMNY USE</u>	
_____	_____
Date paid	Check #

Travel Expenses									
Date	Purpose of trip	Miles	Miles x \$0.14*	Tolls	Parking	Fare **	Hotel	Meals	Total
Total Travel Expenses									\$
Non-Travel Expenses									
Date	Purpose of Expense	Supplies	Stamps	Copies	Other (specify)	Other (specify)	Total		
Total Non-Travel Expenses									\$
TOTAL TRAVEL AND NON-TRAVEL EXPENSES									\$

* IRS stipulates the rate of reimbursement for miles driven is \$0.14 per mile.

** Air, train, cab, and so on.

Less, contribution to UUDMNY (A tax receipt will be sent.) \$ _____
 Less, advance outstanding \$ _____

NET REQUESTED \$

The above reimbursement request is an accurate and appropriate statement of expenses due. _____
 Your signature

Your reimbursement will be processed more promptly if you:

- 1 - include all receipts
- 2 - have the Committee Chair's signature
- 3 - submit your completed *original*, not a photocopy
- 4 - indicate committee name and the date and purpose of event

 Committee Chair's signature

Send to: **UU District of Metro NY**
 Laurie Golson, Administrator
 PO Box 898
 Croton-on-Hudson NY 10520