

Acct _____

Approved by KLA President

_____ Check #

_____ Date

**Kentucky School Media Association
Treasurer's Voucher for Payment**

Payable to _____

Address _____

City _____ State _____ Zip _____

Signed (*person requesting payment*) _____

(*Office, Committee, Account*) _____

Expenses Incurred (*Attach all receipts*):

1. Travel

Purpose of Travel _____

Date (s) of Travel _____

A. Mileage from _____ to _____

_____ total miles @ \$ _____ (*prevailing Ky. Govt. Rate*) _____

Airfare (*Actual coach class*)..... \$ _____

B. Additional (*Tolls, Parking, Taxi, Baggage handling, etc.*)..... _____

c. Meals (*limit \$30.00/day plus gratuities*) _____

D. Lodging (*limit single room/convention rate*) X _____ nights _____

Travel expenses sub-total \$ _____

2. Other expenses (*specify purpose of expense*)

Conference Registration, Dues, etc. \$ _____

Postage _____

Telephone _____

Printing _____

Supplies _____

Contracted Expenses _____

Other (*specify*) _____

Other expenses sub total \$ _____

Total all expenses \$ _____