



**CENTRAL DAKOTA
HUMAN RESOURCE ASSOCIATION**

- Striving for Excellence in the Human Resource Management Profession -

PO Box 743, Bismarck, ND 58502

Expense Voucher

Name: _____ Committee: _____

Address: _____

City, State & Zip: _____

EXPENSES (receipt required)

Date: _____ Description: _____ \$ _____

Date: _____ Description: _____ \$ _____

Date: _____ Description: _____ \$ _____

Date: _____ Description: _____ \$ _____

Date: _____ Description: _____ \$ _____

Date: _____ Description: _____ \$ _____

TRAVEL EXPENSES

Payment for funds is requested for attending: _____

TRANSPORTATION

Travel by commercial transportation (receipt required) \$ _____

LODGING

Lodging out of state (receipt required)
Date(s): _____ \$ _____

MEALS

Meals out of state (actual cost, including tip, with receipt):

<u>Date</u>	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Total</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

TOTAL \$ _____

Date: _____ Signature: _____

Payment Date: _____ Approved by: _____ Check # _____