

Brighton Education Association Expense Voucher

Date: _____

Issue Check to: Name: _____

Address: _____

Itemize Actual Expenditures:

(Please attach paid receipts or other supporting documents.)

Expense (Indicate for what purpose.)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Lodging (give name of Hotel/Motel)

_____ \$ _____

_____ \$ _____

Food (list meals and cost)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Expenditures

Requested by: _____ Title: _____

Authorized by: _____ Date: _____

Check # _____ Account: _____