

MINNESOTA ASSOCIATION OF CREDIT SPECIALISTS  
EXPENSE VOUCHER

NAME OF CLAIMANT: \_\_\_\_\_

DATE(S): \_\_\_\_\_ EXPENSE(S) FOR: \_\_\_\_\_

MILEAGE: \_\_\_\_\_ = \$ \_\_\_\_\_  
(Government rate)

AIR FARE: \_\_\_\_\_ = \$ \_\_\_\_\_

LODGING: \_\_\_\_\_ = \$ \_\_\_\_\_  
(Cost per night x number of nights)

OTHER EXPENSES: \_\_\_\_\_ = \$ \_\_\_\_\_  
(Parking, supplies, misc.)

\_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ = \$ \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE INCLUDE RECEIPTS FOR ALL EXPENSES CLAIMED

CLAIMANT'S NAME & ADDRESS	TOTAL CLAIM _____
_____	LESS CLAIM _____
_____	AMOUNT RETURNED _____
_____	NET TO TRAVELER _____

Signature \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

APPROVED \_\_\_\_\_ DATE PAID \_\_\_\_\_

\_\_\_\_\_ AMOUNT \_\_\_\_\_

\_\_\_\_\_ CHECK NUMBER \_\_\_\_\_