

**Vermont Optometric Association**

attn: Andrew Jones

850 Kings Hwy

White River Jct., VT 05001

**Travel Reimbursement Voucher**

Name \_\_\_\_\_

Destination \_\_\_\_\_ Departure date \_\_\_\_\_

Return date \_\_\_\_\_

Purpose of Travel \_\_\_\_\_

\_\_\_\_\_

Reimbursement request for:

Mileage \_\_\_\_\_ miles @ .50 per mile for 2010 \$ \_\_\_\_\_

Air Fare \_\_\_\_\_ \$ \_\_\_\_\_

Transportation other than airfare \_\_\_\_\_ \$ \_\_\_\_\_

Registration Fees \_\_\_\_\_ \$ \_\_\_\_\_

Lodging \_\_\_\_\_ \$ \_\_\_\_\_

Meals (up to \$60/day max.) \_\_\_\_\_ \$ \_\_\_\_\_

Other (Explain) \_\_\_\_\_ \$ \_\_\_\_\_

**Total Requested** \$ \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please note this reimbursement voucher is for "out of pocket" expense only.

Please attach copies of all receipts.

Thank you for your cooperation.