



Clarence Teachers' Association Travel Expense Voucher



Traveler Information:

Date: _____

Name: _____

Building: _____

Conference Attended: _____

Date(s) of the conference: _____

Please fill out the following form for you claim for reimbursement and be sure to attach all receipts.

Mode of Transportation:

Personal Car: If you drove your personal car to the conference, your reimbursement will include: Total

<ul style="list-style-type: none"> Mileage: Please attach a copy of a MapQuest route from your house to the conference center. Total Mileage: _____ x \$0.50 per mile (2010 IRS Standard Mileage Rate) 	
<ul style="list-style-type: none"> Tolls: Please submit a receipt for any tolls you encountered. If you have an EZ Pass, go to the NYS Thruway website: http://www.thruway.ny.gov/tolls/calc/findclass/classtree.cgi to calculate your tolls. Please print them out as your receipt. 	
<ul style="list-style-type: none"> Parking. Please submit receipts for parking your vehicle while attending the conference. 	
Total Reimbursement for personal car:	

Air Travel: If you flew to the conference, please submit the following: Total

<ul style="list-style-type: none"> A copy of the receipt for your airline tickets. 	
<ul style="list-style-type: none"> Receipts for cabs taking you to and from the airport and conference center. 	
Total Reimbursement for air travel:	

Lodging / Food:

<ul style="list-style-type: none"> Total for hotel: Please include a copy of your bill 	Total
<ul style="list-style-type: none"> Total for food: Please include receipts for any meals that were not complimentary from the hotel or not included with the conference. 	
Total Reimbursement for lodging and food:	

Total amount requested for reimbursement:

Please send the completed form to Kim Crotty at the High School. If you have any questions, please email me or call me at x1447. Thank you!

Date Rec'd	Check #	Date Sent