B.P.T. A. Expense Voucher

First Name _____   **Last Name** _____

Address: _____

City: _____

Postal Code: _____

Reason for expenditure:
(include name of committee you were representing and the name of the event)

_____

Date of expenditure: _____

Transportation:

From: _____   To: _____

Return km _____ x .54 $ _____

Official passenger Name(s): _____

From: _____   To: _____

Return km _____ x .03 $ _____

Meals: *(Claim the actual amount or the per diem rate, whichever is less.)*

Breakfast (up to $12.00) date: _____ $ _____

Lunch (up to $15.50) date: _____ $ _____

Dinner (up to $24.00) date: _____ $ _____

Dependent Care: *(Up to $9.50 per hour to a maximum of $72.00 per 24-hour day. This is for care outside of the normal work day.)*

Provide dates and hours per day _____

Name of caregiver/facility _____

Amount $ _____

Other Expenses: *(please itemize and attach receipts)*

$ _____

_____ $ _____

***Total Claimed $ _____

Release Time Required:
(If the cost of substitute is to be billed to the local association please indicate the number of days)

------------ no ---------- yes ----------- days

Signature: _____

Effective September 1, 2011