INQUIRING MIND PAYMENT VOUCHER

Presenter's Name: _____

Date and Time of Presentation: _____

Title of Presentation: _____

Presenting Organization:_____

COSTS

• *Please attach all receipts; Presenting organization cannot reimburse without Receipts* •

Total round-trip mileage = _____ x $.48	$_____
from_____ to_____	
Ferry:	$_____
Rental Car:	$_____
Rental Car Gas:	$_____
Airfare (please attach airline ticket coupon, not travel agent billing)	$_____
Lodging:	$_____
Meals (list each one):	$_____
	$_____
	$_____
	$_____
	$_____
Other:	$_____
	$_____
TOTAL:	$_____

I certify that the above information is true:

Presenter's Signature_____ Date_____