

# SAEOPP

The Ultimate  
TRIO  
Experience

# VOUCHER

 for  
**PAYMENT/REIMBURSEMENT**

Date	Voucher Number
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**Check Payable to:**

First Name	Last Name	
Street Address	Email Address	
City	State	Zip Code

**Itemized Report:** (If more lines are needed, use multiple vouchers)

Explanation of Item(s)	Amount(s)
Mileage is reimbursed at <b>55 cents</b> per mile, if you are claiming mileage this is the appropriate way to note it on this voucher.	Total Mileage

Committee & Account Number
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Total Requested
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**Signatures:**

Requester	Date
Treasurer	Date
President (Finance Chair if requester is President)	Date

Complete and print voucher. Then mail, fax or scan & email voucher and all receipts to:

Jerinae Speed, SAEOPP Treasurer

(Phone): (321)536-1363  
email: speedjerinae@gmail.com or  
jspeed@saeopp.org