



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 55 cents per mile, if you are claiming mileage this is the appropriate way to note it on this voucher.	Total Mileage

Committee & Account Number

Total Requested

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:

Matthew Hyden, SAEOPP Treasurer
 150 University Blvd., Box 783
 113 Educational Serv. Bldg.
 Morehead, KY 40351

606 783-5191 (phone)
 606 783-9114 (fax)

matthew.b.hyden@gmail.com