

HAWAII STATE TEACHERS ASSOCIATION-RETIRED
 OAHU DISTRICT
 1200 Ala Kapuna Street Honolulu, HI 96819
 Tel: (808) 840-2258 Fax: (808) 839-7106

Vouchers must be submitted within
 30 days of an activity.
 List members at a meal in comments.

EXPENSE VOUCHER

	PURPOSE_____
A Y E E NAME	
ADDRESS	
CITY, STATE, ZIP CODE	

DATE	/	/	/	/	/	/	/	/	TOTAL EACH LINE
AUTO MILEAGE \$.50 PER MILE									
OTHER									
								TOTAL	

Description_____

I HEREBY CERTIFY THAT THE ABOVE EXPENSES ARE CORRECTLY STATED AND WERE INCURRED BY ME AS A NECESSARY BUSINESS EXPENSE.

PAYEE SIGNATURE

DATE

APPROVAL (District Treasurer) _____

ADDITIONAL COMMENTS: _____

DO NOT WRITE BELOW THIS LINE. FOR INTERNAL USE ONLY:

DATE: _____ STATE TREASURER APPROVAL _____

ACCOUNT CODE _____ AMOUNT _____

ACCOUNT CODE _____ AMOUNT _____

IMPORTANT! STAPLE ALL RECEIPTS PERTAINING TO THIS EXPENSE VOUCHER ON BACK.