

## EXPENSE VOUCHER

P \_\_\_\_\_  
 A Name  
 Y \_\_\_\_\_  
 E Address  
 E \_\_\_\_\_  
 City, State, Zip Code

PURPOSE: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone No.: (H) \_\_\_\_\_ (C) \_\_\_\_\_

DATE ⇨	/		/		/		/		/		/		/		Total Each Line	
<b>Breakfast</b> (Include Tip)																
<b>Lunch</b> (Include Tip)																
<b>Dinner</b> (Include Tip)																
<b>Hotel</b>																
<b>Taxi/Bus/Car</b>																
<b>Plane</b>																
<b>Auto Mileage</b> \$0.50 Per Mile	Miles		Miles		Miles		Miles		Miles		Miles		Miles		Miles	
<b>Other</b>																
<b>Other</b>																
<b>Total Expense ⇨</b>																

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

\_\_\_\_\_ PAYEE SIGNATURE \_\_\_\_\_ DATE FILED \_\_\_\_\_

LIST PERSONS AT MEAL  
 ADDITIONAL COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

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

APPROVED BY: \_\_\_\_\_

Account Coding: ACCT

CODE	Description	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**IMPORTANT!**

ATTACH ALL RECEIPTS, HOTEL BILLS, TRANSPORTATION TICKET STUBS AND ALL OTHER PERTAINING TO THIS EXPENSE VOUCHER.

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DATE PAID: \_\_\_\_\_

CHECK NO.: \_\_\_\_\_

**Finance Policy #1      Reimbursement for HSTA-Retired Activities**

The HSTA-Retired Executive Committee approves the following guidelines and reimbursement schedule for approved HSTA-Retired activities::

Meals:	Breakfast	\$10.00 *
	Lunch	\$15.00 *
	Dinner	\$25.00 *
Mileage:	Per mile	50 cents ***
Parking:	Per activity at the daily rate with receipt.	
Car Rental:	Approval of HSTA-Retired President or designee.	
Airfare:	Approval of HSTA-Retired President or designee.	
Hotel:	Approval of HSTA-Retired President or designee **	

\* Reimbursement is for meals authorized by the President or designee. Receipts are required and amounts are maximums and are not cumulative; itemized receipts are required showing what was purchased. No reimbursements for alcoholic beverages. The amount includes tax and tip.

Meal receipt for attendance at Zoom/electronic transmission technology meetings (e.g. Webex, MS Decisions app) must be dated one day before or on the date of the meeting for reimbursement.

\*\* Hotel accommodations shall be based on double occupancy, whenever possible. If a member requests a single room, HSTA-Retired will pay for one-half of the cost of the room. If a member shares a room with a non-qualified person, HSTA-Retired will pay one-half of the cost of a room based on double occupancy.

\*\*\* Mileage will be reimbursed for travel from home to the meeting site or neighbor island airport. You must be a passenger in the vehicle to request mileage reimbursement.