

CRSC EXPENSE REIMBURSEMENT VOUCHER

NAME _____ WORK GROUP _____

MILEAGE

DATE	DESTINATION AND PURPOSE	NUMBER OF MILES
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TOTAL MILES _____

REIMBURSEMENT RATE PER MILE _____ x .2525

OTHER EXPENSES

DATE	PURPOSE/DESCRIPTION	AMOUNT
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TOTAL THIS CATEGORY \$ _____

TOTAL MILEAGE ABOVE _____

SUB-TOTAL EXPENSES _____

LESS ADVANCE, if applicable _____

TOTAL DUE* \$ _____

Payment Information

Check number _____

Check date _____

Check amount _____

*If this is a negative number, funds must be returned to CRSC immediately.

Please attach receipts.

10/07