

HPAE Local Voucher



Local #: _____	Name: _____	Date: _____
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Purpose of reimbursement, payment or travel expense: *(Use one form per event. Provide a detailed summary of event including date, location, and any other pertinent information)*

Reimbursement	
	Total Amount Due \$

Payment	
<i>(for event/meeting attendance as allowed by Local Rebate Policy)</i>	
	Total Amount Due \$

Travel Expenses	
From:	
To:	
Round Trip: <input type="checkbox"/> yes <input type="checkbox"/> no	
Total # miles driven:	
Tolls:	
Meals:	
Hotel:	
Other (explain):	
Total Amount Due	\$

Total Amount Due	\$
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_____ *Signature & Date*

_____ *Approved by - Signature, Title & Date*

- ♥ All expenditures must be allowable as per the Local Rebate Policy and fall within the guidelines of the Local Annual Budget
- ♥ Original copies of itemized receipts must be attached

