

NEACT--NEW ENGLAND ASSOCIATION OF CHEMISTRY TEACHERS
EXPENSE VOUCHER

Date _____ Submitted by (Please print): _____

PAYEE [if different from submitter]: _____

ADDRESS: _____

PLEASE SUBMIT TWO COPIES TO THE PRESIDENT FOR AUTHORIZATION.

Attach receipted bills for amounts over \$10.00 when possible. **Please use a separate voucher for each direct check payment requested.** Distinguish between reimbursement for your own expenses and bills to be paid directly to another party by the Treasurer.

ITEM	EXPLANATION	AMOUNT
1. Postage	1. _____	1. _____
2. Telephone	2. _____	2. _____
3. Travel	3. _____	3. _____
4. Clerical	4. _____	4. _____
5. Printing	5. _____	5. _____
6. Division Meetings	6. _____	6. _____
	_____	_____
	_____	_____
7. Other Expenses	7. _____	7. _____
	8. _____	8. _____
	9. _____	9. _____

Applicant's signature: _____ TOTAL: \$ _____

President's Approval _____ Date _____

Paid by Treasurer Check No. _____ Date _____

Voucher Number _____ Account Debited _____