

FLORIDA STATE NAPS EXPENSE VOUCHER 2017

Printed Name: _____ NAPS Officer Title: _____
 Purpose of Expense: _____ Travel Destination: _____
 Destination Address _____

Signature Block: _____ Travel/Purchase Dates: _____

By entering your initials in the box to the right you certify this voucher's accuracy and to only include valid expenses claimed for your position as a Naps Officer

Date:									
Day of week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals	

Transportation									
Airfare									
Parking & Tolls									
Taxis									
Total									

Mileage									
Actual Miles									
Rate per Mile	0.535	0.535	0.535	0.535	0.535	0.535	0.535	0.535	
Total									

Lodging									
Room Rate									

Per Diem									
GSA Rate									
Sub total Transportation, Mileage, Lodging, Per Diem									

Other								Date(s)	
Sub total "Other"									

Authorized by: _____ **TOTAL AMOUNT**

 President

 Secretary/Treasurer

FOR SECRETARY/TREASURER USE		
Check #	Date	Amount
Category		Amount

NOTE: ALLOWABLE MILEAGE RATE IS CURRENT GSA RATE (PER ARTICLE IV, SECTION III OF BY-LAWS)
 PER DIEM IS GSA POSTED PER DAY (NOT PRO RATED PER QUARTER) - (ARTICLE IV SECTION III)
 HOTEL IS ACTUAL DAILY ROOM RATE INCLUDING TAX (ATTACH RECEIPTS) (ARTICLE IV SECTION III)
 ATTACH RECEIPTS FOR MISC EXPENSES : TELEPHONE CALLS, POSTAGE, TOLLS, ETC OVER \$25 (IF POSSIBLE)

**PLEASE FILE YOUR EXPENSE VOUCHERS AT LEAST ONCE A MONTH.
 IN ACCORDANCE WITH THE BYLAWS, ARTICLE V, SECTION V, EXPENSE VOUCHERS SHALL BE SUBMITTED
 NOT LATER THAN THIRTY (30) DAYS PRIOR TO THE STATE CONVENTION.
 SUBMIT YOUR LAST VOUCHER BEFORE THE CONVENTION.**

Voucher # _____