

P E N N S Y L V A N I A
STATE TROOPERS
ORGANIZED 1962 ASSOCIATION



(Rev.07/01/2023)

EXPENSE VOUCHER

DATE: _____ **LODGE #** _____

NAME _____

POSITION/COMMITTEE _____

ITEMIZED EXPENSES AMOUNT

TRANSPORTATION _____ **miles x .65** \$ _____

TOLLS _____

LODGING (Hotel Name) _____

MEALS _____ **-day(s) x \$55 per day** _____

PER DIEM _____ **-day(s) x \$418.72 per day** _____

INCIDENTALS _____

OTHER EXPENSES _____

TOTAL: \$ _____

REASON FOR EXPENSES _____

Address

APPROVAL SIGNATURES:

PRESIDENT _____

TREASURER _____

CHECK # _____

Phone # _____

DATE ISSUED _____

Personal Email _____