

1. (SCORE Association Accounting Office must have correct District and Chapter number for allocating to correct budgets).



_____ 0 _____ 0 _____ 0 _____
District Chapter FY Seq. No.

Expense Voucher

2. Name (Last, first, middle initial)	3. Social Security Number
4. Mailing Address (include ZIP code)	5. Telephone Number
Check if new address <input type="checkbox"/>	

6. Expenditures

Date of Transaction	Accounting Classif (from below)	FROM (Location)	TO (Location)	# of miles	Mileage Cost	Airfare	Tolls, Parking	Per Diem	Tips, Taxis Misc. Telephone	Lodging	Chapter Expenses (supplies, equip, etc)	Total
7. Subtotals from reverse side				SUBTOTALS								
8. Amount Claimed (total each column)				TOTALS								

9. I certify that this claim is true to the best of my knowledge and belief and that payment or credit has not been received by me. (Claimant sign here and date to receive reimbursement) Signature _____ Date _____	10. CLAIM MUST BE APPROVED (CHAPTER CHAIR or DISTRICT DIRECTOR) Signature _____ Date _____
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To have questions answered on this form contact your local representative or the SCORE Association office at 1-800-634-0245 or 1-703-487-3612. The form needs 2 (two) signatures to be approved. Please send it to your Chapter Chair or Director. They will transmit it to the SCORE Association office.

- Accounting Classification Codes for Expenses

 - 1 Counseling
 - 2 Counseling Development and Support
 - 3 Volunteer Training
 - 4 DD and ADD Travel
 - 5 District Meetings
 - 6 SCORE Annual Conference
 - 7 National Meetings & Conferences
 - 8 National Board of Directors Meetings

Amounts Claimed By Accounting Classification Summarized								
Accounting Classification	Mileage Expense	Airfare	Tolls Parking	Per Diem	Tips, taxis and misc. Telephone	Lodging	Chapter Expenses (supplies, equip, etc)	Total Claimed
Total								

Date of Transaction	Accounting Classif	FROM (Location)	TO (Location)	# of miles	Mileage Cost	Airfare	Tolls, Parking	Per Diem	Tips, Taxis Misc. Telephone	Lodging	Chapter Expenses (supplies, equip, etc)	Total
7. Subtotals (bring forward to front side)												

Receipts required for all expenses over \$25.00