

1. (SCORE Association's Accounting Office must have correct District and Chapter numbers for budget allocation)

District	Chapter	FY

EXPENSE VOUCHER

2. PAYEE - Vendor, Chapter or Volunteer Name (Last, first, middle initial)	3. Volunteer- Last 4-Digits of SSN	4. PAYEE Email Address
5. Mailing Address (include ZIP code)		Check if new address <input type="checkbox"/>
		6. Telephone Number

7. Expenditures

Date of Transaction	Account Classification (from below)	FROM (Location)	TO (Location)	# of Miles 0.25 Rate	Mileage Cost	Airtare	Tolls, Parking Fares	Per Diem	Misc	Lodging	Chapter expenses (supplies, equip, etc)	Total
		Explanation										
8. Subtotals from reverse side (second page)				SUBTOTALS								
9. Amount Claimed (total each column)				TOTALS								

<p>10. 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 and date here to receive reimbursement.)</p> <p>Print Name _____ Title _____</p> <p>Signature _____ Date _____</p>	<p>11. APPROVED BY <input type="checkbox"/> Chair <input type="checkbox"/> ADD <input type="checkbox"/> DD <input type="checkbox"/> Other _____</p> <p>Print Name _____</p> <p>Signature _____ Date _____</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Contact your local representative or the SCORE Association office at 1-800-634-0245 or 1-703-487-3612 if you have any questions. Form 14 requires two (2) signatures for approval. Please send your completed form to your Chapter Chairman or District Director. If approved, they will transmit it to the SCORE Association's national office for processing

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

RECEIPTS REQUIRED FOR ALL EXPENSES OVER \$25

MEAL RECEIPTS - INCLUDE NAMES OF ATTENDEES AND REASON FOR MEETING

Payee

Volunteer - Last 4-digits SSN

--	--

6. Expenditures (continued)

Date of Transaction	Account Classification	FROM (Location)	TO (Location)	No. Of Miles	Mileage Cost	Airfare	Tolls, Parking Fares	Per Diem	Misc	Lodging	Chapter expenses (supplies, equip, etc)	Total
		Explanation		0.25 Rate								
8. Subtotals - Bring forward to front (page one)												

RECEIPTS REQUIRED FOR ALL EXPENSES OVER \$25
 MEAL RECEIPTS - INCLUDE NAMES OF ATTENDEES AND REASON FOR MEETING