

# EXPENSE VOUCHER



Sigma Theta Tau International  
**Honor Society of Nursing**  
 550 West North Street  
 Indianapolis, IN 46202 USA

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

PURPOSE OF TRIP/LOCATION \_\_\_\_\_

DATE(s) OF TRAVEL \_\_\_\_\_

**Travel Advance** – Complete the above information and submit this request at least two weeks in advance.  
 A voucher is required following the travel that accounts for the use of the advance money, including necessary receipts.

Amount of Advance Requested:     \$ \_\_\_\_\_     Previously Received:     \$ \_\_\_\_\_

**TRAVEL EXPENSES**

**TOTALS**

Enter Date(s) of Expenses					
Travel: air, train, bus, taxi, limousine					
Car (        miles x44.5 cents) Parking					
Overnight Lodging					
Miscellaneous (baggage, tips, other: specify        )					
Meals (inclusive of tips)					
<b>OTHER EXPENSES</b>					
Office Supplies					
Postage/Typing/Duplicating					
Telephone (Official Business Only)					
<b>CARE TEAM</b> Date EVENT:					
<b>MISC EXPENSES:</b>					

**TOTAL**

**ADVANCE**

**BALANCE DUE**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use:**  
 Budget Classification: \_\_\_\_\_