



NCOPE

Expense Reimbursement Voucher

330 John Carlyle St., Suite 200, Alexandria, VA 22314

Name: _____ Purpose of Trip: _____ Amount Paid By Traveler: _____
 Address: _____ Less Advance/Personal Exp: (_____)
 _____ Balance Due Traveler: _____
 _____ Balance Due From Traveler: _____
 Today's Date: _____

Travel Dates:								Total Charged to NCOPE (directly)	Total Paid By Traveler
Plane/Train									
Auto (.51)									
Taxi/Metro									
Parking/Tolls									
Hotel									
Breakfast									
Lunch									
Dinner									
Tips									
Other									
Other									
Personal Deductions									
Totals =									

 Signature of Traveler
 (Please see reverse side for limits of reimbursement and other important information. Incomplete forms may result in delay in processing.)

 Executive Director Approval

This expense voucher is designed to reimburse for actual allowable expenses paid out on official accreditation/association business. The items composing allowable expenses are listed below. This voucher does not constitute a legal document for tax purposes.

1. **Plane, train, etc:** Actual cost at coach rate to go by most direct route. If different routes or schedules are used, enter most direct route cost. Please take advantage of advance-purchase and other discounts whenever possible.
2. **Personal auto:** Auto mileage reimbursable for business at .55.5 per mile.
3. **Rental car, taxi, or metro:** Travel to and from business related function. Utilize the least costly, yet timely mode of ground transportation.
4. **Parking and tolls:** Reimbursable for expenses incurred for business related functions.
5. **Hotel-Motel:** Actual billed costs (room/tax). Do not include other charges that are itemized elsewhere. If spouse accompanies traveler, list single room rates or deduct 1/3 from base room rate. ***Movies/telephone are not reimbursable costs.***
6. **Meals:** List meals, plus tips. Maximum authorized for breakfast, lunch and dinner is \$50.00 per diem. ** This amount includes beverages. In the event the meal allotment is exceeded without explanation, the matter will be referred to NCOPE's Treasurer.
7. **Tips:** Tips for baggage service (doorman, bellboys, porter, etc) will be limited to \$1.00 for initial bag and \$.50 for each additional piece. The maximum for cabs and meals is 20%.
8. **Other:** Items not specifically identified above.

When completing this form, please adhere to the following guidelines:

1. The purpose of trip must be explicit to allow for proper allocation of expenses.
2. List separate entries for each occasion on which expenses have occurred.
3. Attach receipts for all expenditures. **Receipts are mandatory.**
4. List names of any other persons who are included in your meal charges, noting their business connection or eligibility for meal reimbursement.
5. All expenses submitted that are over the authorized amount will require the approval of NCOPE's Treasurer, if not accompanied by exception documentation.
6. **Vouchers must be submitted with 30 days** of expenditure to be eligible for reimbursement. NCOPE's executive director must approve vouchers received after 30 days.
7. Please explain below any unusual expenses such as specific committee expenses or expenses incurred for other than self:

Please allow up to 4 weeks for processing of reimbursement. Thank you!