

**VIRGINIA ASSOCIATION OF HEALTHCARE AUXILIARIES & VOLUNTEERS
EXPENSE VOUCHER**

Name _____
Address _____

Board Position _____
Date Submitted _____
Telephone _____

Expense Category	Date	Amount	Date	Amount	Date	Amount	Total Cost	Notes
Lodging							\$0.00	
Breakfast							\$0.00	
Lunch							\$0.00	
Dinner							\$0.00	
Supplies/ Printing							\$0.00	
Postage/ Shipping							\$0.00	
Telephone/ Fax							\$0.00	
OTHER							\$0.00	
Total non travel							\$0.00	

Mileage	From	To	Date	Miles
TO				
RETURN				
Total Miles	x 5,45 =\$			0

Total Cost Milage @ per mile = \$0.45 \$0.00

Total Expenditures **\$0.00**

INSTRUCTIONS

1. Receipts must accompany all charges.
2. Request only authorized expenditures.
3. Voucher must be submitted within **30 Days**

Explanation Section _____

Signature _____

Marion (Barney) Barnwell, Treasurer
3116 McGeorge Terrace
Alexandria, VA 22309

Date Paid
Check No.
Amount

Date Paid _____ **Check No.** _____