North Central Ohio Education Association
Expense Voucher

Name _____ Phone _____ Email _____

Address _____ City _____ Zip _____

Local Represented _____

Date of Expense	Description of Expense	Cost	Miles/@IRS Rate		Breakfast	Lunch	Dinner	Misc.*	Total
				.					
Totals									

Signature: _____ Date _____ Total $ _____

Approved by _____

Receipts for all items must be attached for reimbursement

Please submit this voucher to Becky Cashell, NCOEA Executive Secretary/Treasurer
Becky.cashell@yahoo.com 236 Holiday Hill Lexington OH 44904 Cell: 419 564-7528 Home: 419 884-7028