

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 |
|-----------------|------------------------|------|-----------------|-----------|-------|--------|--------|-------|
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| 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
ncoeabecky@gmail.com 295 Chapman Way Lexington OH 44904 Cell: 419 564-7528