# ACLCP EXPENSE VOUCHER

## SUBMIT TO :

## Scott Denlinger, ACLCP Treasurer

## Saint Joseph’s University - Lancaster DATE PAID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Health Sciences Library CHECK # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 850 Greenfield Rd

Lancaster, PA 17601

Or e-mail to: sdenlinger@sju.edu

**DATE SUBMITTED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAY TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**MEETING/CONFERENCE ATTENDED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LOCATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| TRAVEL BY CAR:\_\_\_\_\_\_\_\_\_\_\_\_ MILES @ \_67\_\_¢ Mile | **$** |
| **TOLLS: (Attach receipts)** | **$** |
| **TELEPHONE: (Attach receipts or itemized bill)** | **$** |
| **SUPPLIES: (Envelopes, folders, etc.- attach receipts)** | **$** |
| **PRINTING: (Brochures, flyers, etc. -please attach sample copy)** | **$** |
| REGISTRATION FEES: (Attach receipts) | **$** |
| MEALS: (Attached receipts) | **$** |
| **LODGING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MOTEL/HOTEL IN**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_NIGHTS @ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **$** |
| **AIR FARE/OTHER TRAVELING EXPENSES: (Attach receipts)** | **$** |
| WAGES: (Attach detailed description) | **$** |
| **OTHER: (Attach detailed description)** | **$** |
| **TOTAL VOUCHER… (ALL receipts MUST be attached)** | **$** |

USE THE BACK OF THIS FORM FOR ADDITIONAL INFORMATION.

Revised 2024-01-12 SBD