#  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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