

ACLCP EXPENSE VOUCHER

SUBMIT TO : Scott Denlinger, ACLCP Treasurer Saint Joseph's University - Lancaster Health Sciences Library 850 Greenfield Rd Lancaster, PA 17601 Or e-mail to: sdenlinger@sju.edu	DATE PAID: _____ CHECK # : _____
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DATE SUBMITTED: _____

PAY TO: _____

ADDRESS: _____

MEETING/CONFERENCE ATTENDED: _____

DATE: _____ **LOCATION:** _____

TRAVEL BY CAR: _____ MILES @ <u>67</u> ¢ 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