



NYSAAA

New York State Athletic Administrators Association

REIMBURSEMENT VOUCHER

(Print all information clearly.)

Date submitted: _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

ITEMIZED EXPENSES:

Date(s) expenses incurred and description of meeting and/or reason for expenses:

Date: _____ Reason: _____

Hotel: _____ Equip. & Supplies: _____ Printing: _____

Meals: _____ Facilities/Rent: _____ Phone: _____

Travel: From: _____ To: _____

Total miles: _____ @ \$.655/mile = \$_____

Gas: _____ Postage: _____ Awards: _____ Clerical: _____ Personnel: _____

Explanation of expenses: _____

Total Amount Claimed: \$_____ Claimant's Signature: _____

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- 1. Receipts for all expenses, except mileage, must accompany this voucher.***
 - 2. Be sure to include your name, position, address, and date voucher is submitted. Also be sure to sign this form as requested. This is required when receiving funds from a non-profit organization.***
 - 3. All bills and vouchers must be submitted within 30 days of expenditure and within the fiscal year, July 1-June 30 to:***
Mike Giruzzi, NYSAAA Treasurer, 128 Wood Run, Rochester, NY 14612
 - 4. Any questions, please email: mgiruzzi@mcpsacny.org***

Approved: _____ Claim # _____

Date: _____