



**New York State  
Athletic Administrators  
Association, Inc.  
Reimbursement Voucher**

Date submitted: \_\_\_\_\_ Claim #: \_\_\_\_\_

Print Name: \_\_\_\_\_  
(Print clearly all information)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Itemized Expenses:**

Date(s) expenses incurred: \_\_\_\_\_

Hotel: \_\_\_\_\_ Equip. & Supplies: \_\_\_\_\_ Printing: \_\_\_\_\_

Meals: \_\_\_\_\_ Facilities – Rent: \_\_\_\_\_ Phone: \_\_\_\_\_

Travel: From - \_\_\_\_\_ To - \_\_\_\_\_ Total miles: \_\_\_\_\_ @.50= \_\_\_\_\_

Gas: \_\_\_\_\_ Postage: \_\_\_\_\_ Awards: \_\_\_\_\_ Clerical: \_\_\_\_\_ Personnel: \_\_\_\_\_

Explanation of expenses: \_\_\_\_\_

Other: \_\_\_\_\_ Total Amount Claimed: \_\_\_\_\_

Claimant's signature: \_\_\_\_\_

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, June 1 – May 31 to:

**Dennis Fries, NYSAAA Treasurer  
59 Timrod Dr.  
Irondequoit, N.Y. 14617**

4. Any questions? Work: (585) 730-1526; Fax: (585) 266-2827; Email: [freezer@frontiernet.net](mailto:freezer@frontiernet.net)

Approved: \_\_\_\_\_ Date: \_\_\_\_\_