

# EDUCATIONAL LEARNING CENTER

8 Airport Park Boulevard • Albany Airport Park  
Latham, NY 12110

Phone: (518) 782-0600  
Fax: (518) 782-9552



## TRAVEL/EXPENSE VOUCHER

Payee Bonnie Tryon

Social Security # \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

DATE	DESCRIPTION	LODGING	MEALS	TAXI/LIMO AIRLINE	MILEAGE	TOLLS	PHONE/MISC.	DAILY TOTAL
12/7/17- 6/28/18	PGC Region 6 Mentor Coach							
							Base Pay	2000.00
							Mileage Max	300.00
							Group Sessions 12 hrs x 65	780.00
							Individual Sessions 20 hrs x 65	1300.00
								4380.00

I certify that the above expenses were incurred solely for Association business:

TRAVEL AUTHORIZED BY: \_\_\_\_\_

TOTAL EXPENSES

4380.00

\_\_\_\_\_  
Traveler's Signature

\_\_\_\_\_  
Date

See reverse side for reimbursement policy.

Please submit this copy within five days of completion of trip.

- ATTACH ALL RECEIPTS -