

# WISCONSIN HORSE COUNCIL EXPENSE VOUCHER

## A. Meeting or conference reimbursement:

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

Event: \_\_\_\_\_

Committee: \_\_\_\_\_

Budget Line: (where applicable) \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_

Hotel: \$ \_\_\_\_\_

Travel: (airfare, Uber, etc.) \$ \_\_\_\_\_

Mileage: (IRS - .70 per mile) \$ \_\_\_\_\_

## B. Other Expense reimbursement:

Meals: \$ \_\_\_\_\_

Copies: \$ \_\_\_\_\_

Postage: \$ \_\_\_\_\_

Other: (explain) \$ \_\_\_\_\_

**C. TOTAL Reimbursement Requested \$ \_\_\_\_\_**

Name: \_\_\_\_\_

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

\_\_\_\_\_

Signature: \_\_\_\_\_

Committee Chair Approval: \_\_\_\_\_

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

*Attach original invoices or receipts to voucher and send to committee chair for approval whose budget the expenses will be applied to. Committee chairs will send approved voucher and attachments to the WHC Office who will send to the Treasurer for payment.*

**Treasurer Use: Paid Check # \_\_\_\_\_, dated \_\_\_\_\_**