

VIRGINIA ASSOCIATION OF COLLEGES & EMPLOYERS

Receipt/Disbursement Voucher

Date _____

Name _____

Payee

Received of

Address _____

Phone _____

VACE Position/area of responsibility _____

Reason for receipt/disbursement _____

Amount paid _____ received _____ Account _____

Amount paid _____ received _____ Account _____

TRAVEL EXPENSES

Date	Mileage	Rate	Lodging	Meal 1	Meal 2	Meal 3	Other*	TOTAL
TOTAL								

*Other (please explain) _____

For reimbursements, please attach receipts