ROVAC

2022 VOUCHER REIMBURSEMENT FORM

Payable To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Be sure to attach receipt to reimbursement request

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

Date of Expense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason For Expense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ROVAC By-Laws Article V Section 4:

 The ROVAC Board of Directors shall pre-approve expenditures

of all funds in excess of $500.00 (five hundred dollars) not covered in the budget.

Description of Product, Company or Service Quantity Unit Price Amount

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Mileage Reimbursement

Town of Departure Destination Mileage Federal Rate / Mile Amount

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_$0.14\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_$0.14\_\_\_ \_\_\_\_\_\_\_

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_