

CCEA Expense Voucher

Check # _____

Payable To: _____

Address: _____

Reimbursement for Expenses			
Date	Description/Event	Account	Amount
Reimbursement for Mileage			
Date	Description/Event	Account	Amount Due @ .58 ¢ per mile
Total Amount Due			

Receipts must be submitted in an attached envelope with your name and your school name no later than 60 days after the event for reimbursement.