



ONGEA

OHIO NATIONAL GUARD ENLISTED ASSOCIATION

1299 Virginia Avenue, Columbus, Ohio 43212, PHONE:(800) 642-6442

www.ongea.org e-mail: treasurer@ongea.org FAX:

EXPENSE VOUCHER

Name: _____

Position: _____ Executive Board

Address: _____

_____ Comm Chairperson

_____ ONGEA Staff

E-mail: _____

Reason for Expense: _____

Period Covered: _____ to _____

Travel via Commercial Carrier (Attach Ticket Stub).....\$ _____

Taxi or Other Public Conveyance.....\$ _____

Travel via Private Conveyance – Total Miles _____ x \$.30/mile.....\$ _____

(not to exceed the cost of commercial transportation)

Hotel _____ Number of Days (Attach Lodging Receipt).....\$ _____

Baggage Charges.....\$ _____

Telephone (Official ONGEA Business Only).....\$ _____

Tips.....\$ _____

Other Explain _____

_____ \$ _____

Total Expenses (include items from reverse).....\$ _____

Received in Advance.....\$ _____

Reimbursed from Other Sources.....\$ _____

Balance Due from ONGEA.....\$ _____

SIGNATURE: _____ DATE: _____

INSTRUCTIONS: Individuals may be reimbursed for ordinary expenses actually incurred in the conjunction with official attendance at scheduled meetings or when performing "Official Duties" for ONGEA. Receipts, bills, or similar evidence **MUST** support expenditure for travel, hotel, and any single item of \$25.00 or more. Incidental personal expenses such as sightseeing and the like are not reimbursable.

NOTE: If expenses have not been approved in the annual budget or exceed the approved budget, this expense voucher will be submitted to the Executive Board for review before action.

FOR OFFICIAL USE ONLY: _____ Receipts Attached _____ Approved by Annual Budget
_____ Approved by the Executive Board, _____ Date
_____ Date Paid, Check Number _____

EXPLANATION OF EXPENSES:

Date	Expense	Reason
------	---------	--------

Date	Expense	Reason
------	---------	--------

Date	Expense	Reason
------	---------	--------

Date	Expense	Reason
------	---------	--------

Date	Expense	Reason
------	---------	--------

Date	Expense	Reason
------	---------	--------

Date	Expense	Reason
------	---------	--------

Date	Expense	Reason
------	---------	--------

Date	Expense	Reason
------	---------	--------

Date	Expense	Reason
------	---------	--------

Date	Expense	Reason
------	---------	--------

Date	Expense	Reason
------	---------	--------