C.L. DAVIS AND S.W. THOMPSON FOUNDATION – CASH EXPENSE VOUCHER

# NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# EVENT:

Amount

 (RECEIPTS MUST BE ATTACHED FOR REIMBURSEMENT) Claimed

AIRFARE

Date: From:

To: $

Date:

From:

 To: \_\_

HOTEL AND MEALS (include hotels and meals enroute to destination, if necessary)

Date: \_\_\_\_\_\_\_\_\_\_\_\_ Hotel – Number of nights \_\_\_\_ (total amount ) $

 Date: \_\_\_\_\_\_\_\_\_ Meals: Number (total amount)

Local TRANSPORTATION (Taxi, Airport Limo, Uber – receipts required.)

Date: \_\_\_\_\_\_\_\_\_\_\_ From: To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $

 From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRAVEL BY PRIVATE AUTO (TPA in lieu of air travel still only to be reimbursed to the extent that it does

not exceed tourist airfare round trip)

Date:

**Itinerary**: From

To: $

Date:

**Itinerary**: From To:

Total of miles X $..22 per mile . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Road & Bridge Tolls, total amount . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . .

Parking Fees (attach receipts), total amount . . . . . . . . . . . . . .. . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . .

OTHER EXPENSES (out-of-pocket expenses borne on behalf the Foundation such as telephone, postage, rentals, printing, supplies, etc. Give date, describe each item, attach receipts)

Date: ITEM: $ Date: ITEM:

Date: ITEM: Date: ITEM:

Name of Claimant: Signature of Claimant: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**TOTAL OF ALL EXPENSES:** $

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

(Street) (City) (State) (ZIP)

 Financial Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Bank Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Attachment of a VOID check to the submission if preferred, but not required)