

COLLEGE OF THE ATLANTIC

DATE: _____

PAYMENT VOUCHER *(Use form for reimbursements, speakers, mileage)*

Check Payable to: (full legal name) _____

Address: _____

___ W-9 Form attached (if applicable)
Need if rental or services provided

___ Receipts Attached

Date of Expense: _____ **AMOUNT:** _____

Description of Expense: _____

Approved by: _____

Budget: _____
Account /Department /Program /Region /Class /Grant

___ Check to be picked up by: _____

___ Check to be mailed to this address: _____

MILEAGE REIMBURSEMENT

Traveled from: _____ Traveled to: _____

of Miles one way: _____ ___ Round Trip ___ One way

Total of Miles: _____ X \$. _____ = \$ _____ Plus Tolls: \$ _____

Total Due: \$ _____