

Office Use
Date: _____
Ck.#: _____

TAHPERD

Tennessee Association for Health, Physical Education, Recreation and Dance

www.TAHPERD.us

EXPENSE VOUCHER

(To be completed within 30 days of the date on which the expense was incurred.)

Please attach receipts for expenses claimed and retain a copy for your records.

PLEASE TYPE OR PRINT LEGIBLY & SIGN WHERE INDICATED

Request for payment in the amount of: \$ _____ Date: _____

Payable To _____

Address: _____ City: _____

State: TN Zip: _____ Phone: _____ E-mail: _____

Reason for Payment: _____

Requested by _____ Charge to Line Item _____

Requestor's Signature: _____

Note: Mileage is \$.35 per mile. Per Diem is \$22.50 for partial day; and \$30.00 for full day.

Mail to: TAHPERD, 244 Shrewsbury Dr., Murfreesboro, 37129

Phone: 865-567-2540 – Email: tahperd.ed@aol.com

For Office Use Only

Line Item	Purpose	Payment Amount
	Payment Total	

Approved by: _____