

St. Louis County Police Association
Voucher for Reimbursement

Date Submitted: _____

Member Name (Print): _____

Date(s) of Expense: _____

Reason for Expense (Event name, item purchased, etc):

Mileage: _____ miles x 48.5 cents per mile = \$ _____

Airfare: \$ _____

Lodging: \$ _____

Meals: \$ _____

Other (list):

_____ \$ _____

Total: \$ _____

Member Signature

* Attach receipts & retain a copy for your records

Treasurer

President