



**Central New England Region  
Reimbursement Voucher for Organizers**

I request reimbursement for amounts expended by me as \_\_\_\_\_ in connection with (event or program) \_\_\_\_\_ on (date) \_\_\_\_\_.

- 1. TRAVEL: (a) Mileage: \_\_\_\_\_ @ 25 cents per mile \$ \_\_\_\_\_
  - (b) Officials' fares and/or turnpike tolls (see note 1 below) \$ \_\_\_\_\_
  - (c) Officials hotel accommodations and/or meals (see note 1 below) \$ \_\_\_\_\_
  - 2. POSTAGE: (see note 1 below) \$ \_\_\_\_\_
  - 3. PRINTING or PHOTOCOPYING: (see note 1 below) \$ \_\_\_\_\_
  - 4. SUPPLIES: Describe: (a) \_\_\_\_\_ \$ \_\_\_\_\_
  - (b) \_\_\_\_\_ \$ \_\_\_\_\_
  - (c) \_\_\_\_\_ \$ \_\_\_\_\_
  - 5. INSURANCE: ( Attach copy of USPC or Equisure Proof of insurance) \$ \_\_\_\_\_
  - 6. OTHER: Describe: (a) \_\_\_\_\_ \$ \_\_\_\_\_
  - (b) \_\_\_\_\_ \$ \_\_\_\_\_
  - (c) \_\_\_\_\_ \$ \_\_\_\_\_
- Total Amounts Expended:** \$ \_\_\_\_\_

CONTRIBUTION: I wish to donate \$ \_\_\_\_\_ of the above expenses.

**Balance Due Me:**

Signature:

\_\_\_\_\_

Payment approved by:

\_\_\_\_\_

Organizer/Chairperson

Send check to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

please print

***Note 1:** All requests for reimbursements must be accompanied by evidence of purchase (e.g., receipts, vouchers, bills). Ma state taxes in excess of \$1.00 paid to a specific vendor will not be reimbursed – an exemption form is to be used at the time of the purchase and is available from CNER through the Organizer/Chairperson for expenses relation to the Region's sponsored programs.*

***Note 2:** Contributions are deductible for income tax purposes as allowed by law. A letter of acknowledgement will be sent to you by request.*

Send to:

**Laura Smith  
3 Woodland Road  
North Hampton, NH 03862**

**Keep one copy for your records**