



**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