

Council of Interstate Testing Agencies, Inc. - Expense Voucher

Submit via US mail within 30-days of expense to: CITA 1003 High House Road, Suite 101, Cary, North Carolina 27513

Travel Expense Vouchers MUST be mailed with ALL required receipts or scanned and emailed. Faxed copies will NOT be processed. We kindly ask that you DO NOT contact the CITA office regarding expense vouchers unless you have not received reimbursement within 30 days.

Name		Report Date	
Address		Social Security No (tax purposes only)	____ - ____ - ____
Phone		Business Purpose/Exam Name	

Dates To/From	Total Mileage	Total Mileage Amount x (\$0.55/mile)	Per Diem (Examiners)	Contract Labor (Assistants, Staff, etc.)	Total Hotel	Total Airfare	Total Misc.	Total
___/___ - ___/___								
___/___ - ___/___								
___/___ - ___/___								
___/___ - ___/___								
___/___ - ___/___								
___/___ - ___/___								
TOTALS:								

INSTRUCTIONS

Dates To/From: The dates of entire meeting or examination.

Total Mileage (\$0.55 mile): The total mileage incurred, round-trip each day combined. CITA does NOT reimburse fuel cost.

Per Diem (Exams/Meetings): Full Day \$270 (\$200 honorarium; \$70 food) per day; 1/2 day \$170 (\$100 honorarium; \$70 food) per day.

Contract Labor: \$150 per day (includes meals)

Total Hotel: Total of all hotel expenses (room/tax ONLY) up to \$200 per day without CITA Authorization; hotel parking

Total Airfare: Round-trip coach airfare (up to \$450 without prior CITA approval); luggage fees (up to \$50)

Total Misc: Car Rental (out-of-state only without prior CITA approval); taxi; bellman; parking

I hereby certify that all items of expense included in the above statement were incurred by me in the discharge of official business connected with CITA that they are proper charges against CITA; that all data furnished herewith are true and correct to the best of my knowledge.

CITA Office Use Only

Adjustment	
Total Amount Approved	
Date Approved:	___/___/___
Approved by:	

Signature

Date