Council of Interstate Testing Agencies, Inc
Travel Expense Voucher

Submit within 30-days of completion of travel to: CITA, 1003 High House Road, Suite 101, Cary, NC 27513
Fax: (919) 460-7715 Phone: (919) 460-7750
(Note: A request for reimbursement for more than one activity should NOT be made on the same form.)

Name: _____ **Social Security # (For Tax Purposes):** _____ - ____ - _____

Address: _____ **Nature of activity:** _____

_____ _____

Telephone Number: ( ) _____ **Month/Year of Activity:** _____

Date	TRAVEL FROM	TRAVEL TO	Air Cost	Private Auto .505¢ m		Tolls & Parking	Meals (not to exceed $70 per day)			Honorarium/ Contract Labor	Hotel Room	Other		Total Expenses
				Miles	Amount		Breakfast	Lunch	Dinner			Code	Amt	
		TOTALS												

Total Requested

Other
R-Rental Car
T-Taxi
*_____
**_____

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.

_____ _____
Signature **Date**

CITA OFFICE USE ONLY

Amount Approved: $_____ **Approved by:** _____