

HPAE Local Voucher



Local #: _____ Name: _____ Date: _____

Purpose of reimbursement, payment or travel expense: *(Use one form per event. Provide a detailed summary of event including date, location, and any other pertinent information)*

Reimbursement

Total Amount Due	\$
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Payment

(for event/meeting attendance as allowed by Local Rebate Policy)

Total Amount Due	\$
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Travel Expenses

From:

To:

Round Trip: yes no

Total # miles driven:

Tolls:

Meals:

Hotel:

Other (explain):

Total Amount Due	\$
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Total Amount Due	\$
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Signature & Date

Approved by - Signature, Title & Date

- ♥ All expenditures must be allowable as per the Local Rebate Policy and fall within the guidelines of the Local Annual Budget
- ♥ Original copies of itemized receipts must be attached

