

FLORIDA STATE NAPS EXPENSE VOUCHER 2023

Printed Name: _____

Title: _____

Purpose of Expense: _____

Destination: _____

Address: _____

Signature Block: _____

Travel/Purchase Dates: _____

By entering your initials in the box to the right you certify this voucher's accuracy and to only include valid expenses claimed for your position as a Naps member on NAPS business

Date:								
Day of week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals

Transportation

Airfare								
Parking & Tolls								
Taxis								
Total								

Mileage

Actual Miles								
Rate per Mile (1/1/23)	0.655	0.655	0.655	0.655	0.655	0.655	0.655	
Total								

Lodging

Room Rate								
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Per Diem

GSA Rate (base \$59)								
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Sub total Transportation, Mileage, Lodging, Per Diem

Other

Date(s)

Sub total "Other"

Authorized by: _____

**TOTAL
AMOUNT**

President

Secretary/Treasurer

FOR SECRETARY/TREASURER USE

Check #	Date	Amount
Category		Amount

NOTE: ALLOWABLE MILEAGE RATE IS CURRENT GSA RATE (PER ARTICLE IV, SECTION III OF BY-LAWS)
 PER DIEM IS GSA POSTED PER DAY (NOT PRO RATED PER QUARTER) - (ARTICLE IV SECTION III)
 HOTEL IS ACTUAL DAILY ROOM RATE INCLUDING TAX (ATTACH RECEIPTS) (ARTICLE IV SECTION III)
 ATTACH RECEIPTS FOR MISC EXPENSES : TELEPHONE CALLS, POSTAGE, TOLLS, ETC OVER \$25 (IF POSSIBLE)

PLEASE FILE YOUR EXPENSE VOUCHERS AT LEAST ONCE A MONTH.

IN ACCORDANCE WITH THE BYLAWS, ARTICLE V, SECTION V, EXPENSE VOUCHERS SHALL BE SUBMITTED
 NOT LATER THAN THIRTY (30) DAYS PRIOR TO THE STATE CONVENTION.

SUBMIT YOUR LAST VOUCHER BEFORE THE CONVENTION.