FLORIDA STATE NAPS EXPENSE VOUCHER 2024

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									
<u>Mileage</u>									
Actual Miles									
Rate per Mile (1/1/24)	0.670	0.670	0.670	0.670	0.670	0.670	0.670		
Total									
Lodging									
Room Rate									
Per Diem									
GSA Rate (base \$59)				Note to tal Tale	an anta Cara N	Clara na Landad	D D'		
Othor				Sub total I rar	isportation, iv	ileage, Lodgir	ng, Per Diem		
Other Date(s)									
							total "Other"		
Authorized by:						TOTAL AMOUNT	•		
					F	OR SECRE	TARY/TREA	ASURER USE	
President					Check # Date Amount				
					Category			Amount	
Secretary/Treasurer									

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.