



## Nevada Association of FCCLA Miscellaneous Expense Voucher

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Type Of Expenditure	Date of Expenditure	Description/Purpose of Expenditure	Amount	
Postage/Shipping				
Printing/Copying				
Travel				
Food				
Supplies				
Miscellaneous*				
		<b>TOTAL CLAIM</b>		

**Provide detailed description of any claims marked as miscellaneous (\*). Attach all invoices/receipts for all expenses.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Claimant Signature**

\_\_\_\_\_  
**Date**

**Reimbursement Approved By:**

\_\_\_\_\_  
**State Director Signature/Designee**

\_\_\_\_\_  
**Date**