



National Association for Gifted Children
 1331 H Street, NW
 Suite 1001
 Washington, DC 20005
 (202) 785-4268
www.nagc.org

NAGC Reimbursement Voucher

Event/Project: _____

Dates: _____

(Network/Committee/Other)

Date Submitted: _____

Please Print

Mail Check To*:

Address: _____
 City, State, Zip: _____
 Phone# : _____
 e-mail: _____

Signature _____

*explain below if check is payable to another person/org

IMPORTANT:
 Original receipts for all expenses (except mileage) must be submitted by mail with this voucher. No copies or faxes will be accepted.
Network and Committee members must obtain approval from NAGC for flights over \$500.

Detailed Expenses

| Lodging/Food: | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Totals |
|--|--------|--------|---------|-----------|----------|--------|----------|--------|
| Dates: | | | | | | | | |
| Lodging | | | | | | | | |
| Breakfast allowance \$15/day | | | | | | | | |
| Lunch allowance \$20/day | | | | | | | | |
| Dinner allowance \$35/day | | | | | | | | |
| Transportation: | | | | | | | | |
| Airfare | | | | | | | | |
| Taxi/Shuttle | | | | | | | | |
| Parking/Tolls | | | | | | | | |
| Mileage @ 57.5¢ | | | | | | | | |
| Other: (explain, add pages if needed) | | | | | | | | |
| Phone/Fax: | | | | | | | | |
| Postage: | | | | | | | | |
| Other: | | | | | | | | |
| Other: | | | | | | | | |
| Grand Total | | | | | | | | |

Comments: _____

| Summary of Expenses | |
|-----------------------------|--|
| Total Expenses (from above) | |
| Less Cash Advance | |
| 1/ Less NAGC Prepays | |
| Amount Due | |
| or Amount Due to NAGC | |

1/ For expenses paid by NAGC in advance (airline tickets, for example)

 Network or Committee Staff Liaison Approval or
 Supervisor Signature (NAGC Employees)

FOR NAGC ACCOUNTING USE ONLY

ACCOUNT CODE: _____
 AMOUNT: _____
 APPROVED BY: _____
 DATE: _____