P.O. Box 26821
Richmond, VA 23261

CAPITAL AREA PURCHASING ASSOCIATION

TRAVEL & EXPENSE REPORT & REIMBURSEMENT VOUCHER

NAME:

CHECK PAYABLE TO:

MAIL TO:

EVENT: LOCATION:

I certify that the expenses listed below, were incurred by me during official business on behalf of the Capital Area Purchasing Association. Included are such expenses that were necessary to conduct this business and these expenses have not been reimbursed by any other means.

DATE(S):

Signature of Purchaser Date

TRAVEL & EXPENSE REPORT				CAPA Charge Card Used	
DATE	ACCOUNT CODE	DESCRIPTION	TOTAL	YES	NO

	TOTAL COST		
PD-Per Diem	ADVANCE (If Any)		
TR-Travel	CAPA ITEMS PAID (by Credit Card)		(By Charge Card Ending _ _ _ _)
E-Expense	AMOUNT DUE OR PAYABLE (-)		
L-Lodging			
O-Other Explain			

CAPA Treasurer:

Date of Check:

Check No.:

Amount of Check:

RECEIPTS/BILLS/STATEMENTS/Etc. MUST BE ATTACHED TO ALL T&E REIMBURSEMENT VOUCHERS.

TRAVEL REIMBURSEMENTS ARE TO BE PER DIEM RATE AT TIME OF TRAVEL. COPY OF RATE PAGE IS TO BE ATTACHED.

CAPA President Approval Date

*CAPA Vice President Approval Date

*If Reimbursement is for CAPA President or Request is Over $500 Both Signatures are Required.