



CAPITAL AREA PURCHASING ASSOCIATION
2018 TRAVEL & EXPENSE REPORT & REIMBURSEMENT VOUCHER

P.O. Box 26821
 Richmond, VA 23261

NAME: _____ CHECK PAYABLE TO: _____ MAIL TO: _____ EVENT: _____ LOCATION: _____ DATE(S): _____	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.
_____ Signature of Purchaser	_____ Date

TRAVEL & EXPENSE REPORT				CAPA Charge Card Used	
DATE	ACCOUNT CODE	DESCRIPTION	TOTAL	YES	NO
	PD-Per Diem TR-Travel E-Expense L-Lodging O-Other Explain	TOTAL COST ADVANCE (If Any) CAPA ITEMS PAID (by Credit Card) AMOUNT DUE OR PAYABLE (-)			
				(By Charge Card Ending _ _ _ _)	

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.