

**Iowa Council of Teachers of Mathematics
Expense Voucher**

Date Submitted: _____, 20____

Payable to: _____

Address _____

Submitted by: _____

Mileage

Purpose of Travel _____ Date of Travel _____, 20____

From _____ to _____

Total: _____ miles @ 45 cents per mile \$ _____

Other: Be sure to identify the category of expense:

1000 Executive, 2000 Director's, 3000 Outreach, 4000 Publications,
5000 Membership, 6000 Annual Conference, 7000 NCTM, 9000 Miscellaneous

Category	Expense	
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<u>Total Payment Requested</u>		\$ _____

Receipts must be attached for items over \$10.

Deb Tvrdik
P.O. Box 445
Gowrie, IA 50543

Payment Made: ICTM Check # _____
Date of Check: _____, 20____
Code: _____