BUSINESS EXPENSE VOUCHER

Disciplinary Board of the Supreme Court of Pennsylvania
Rev. 2022.01.01

Name	Board Name for Services Rendered **Disciplinary Board of the Supreme Court of PA**	
Address	Position Title	I certify that the statements and expenses claimed are correct, reasonable and were incurred in the performance of Board Duties.
City State Zip	For the period from:	
File No. (if appropriate)	to:	Signature & Date Supervisor Signature & Date

ITINERARY			TRANSPORTATION				LODGING		MEALS			MISC. EXP.		
DATE	TIME			Pers. Auto	Name of	Cash You Paid		Name of	Cash You					TOTAL
	LV	RET	List Locations	Miles	Carrier	Ticket	Local	Hotel	Paid	Brkfst	Lunch	Dinner	Identify	Cash You Paid	
TOTALS															

Purpose of travel or related business:

For Accounting Use Only

PERSONAL AUTO:

_____ **miles @ $ 0.585**

TOTAL REIMBURSEMENT

Receipts shall be attached

ACCOUNTING COPY