



PA BARBER & COSMETOLOGY ASSOCIATION

Expense Voucher

This voucher must be filled out completely, have all receipts attached, and be submitted within 30 days of the date of expense or event. Reimbursement may be refused if the above conditions are not met. Please print carefully.

All vouchers are to be mailed to:

**PABCA
73 Eagle Rd.
Orangeville, PA 17859**

Name: _____

Address: _____

Home Ph.: _____ Work Ph.: _____

Email Address: _____

Expenses & Mileage

Please give a brief description of expense and/or event and the total amount. Please print.

Mileage: _____ Miles @ \$.30/mile \$ _____

Expense #1: _____
_____ \$ _____

Expense #2: _____
_____ \$ _____

Expense #3: _____
_____ \$ _____

Expense #4: _____
_____ \$ _____

Total \$ _____

Submitted By: _____

Approved By: _____

PABCA Exec. Dir. Use Only:
Date Rec'd: _____ Date Paid: _____ Amount Paid: \$ _____ Check # _____