

**ASSOCIATION FOR CLINICAL PASTORAL EDUCATION
SOUTHWEST REGION
EXPENSE VOUCHER FORM**

Payment Due: Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Committee/Function: _____ Place Visited: _____

TRAVEL

Dates										Totals (a)
___ Auto										
Miles @ \$.50.5/mi										
Airfare *										
Taxi, Limo										
Parking & Tolls										
Other										
Transport Total										

FOOD

Dates										Totals (b)
Breakfast										
Lunch										
Dinner										
Food Total										

LODGING

Dates										Totals (c)
Motel / Hotel *										
Lodging Total										

MISCELLANEOUS

										Totals (d)

**Attach Original Receipts*

Submitted by _____
 Authorized By _____
 (Committee Chairperson)

Financial Coord. Only: Date Rcvd _____
 Date Paid _____ Check # _____
 Accounting Codes (s) _____

SUMMARY

Transportation Total		(a)
Food Total		(b)
Lodging Total		(c)
Miscellaneous		(d)
Subtotal		
Less Amount Advanced		
Total Expenses		

ANNOTATIONS FOR THE EXPENSE VOUCHER FORM
(to be submitted no later than 30 days after event/service)

1. Expenses incurred while transacting regional business are reimbursable, as previously budgeted for and approved by the Region/Leadership Council. **Check with your committee chair for clarity about expense expectations.**
2. The IRS and responsible auditing methods require original receipts accompany Expense Voucher form for lodging and commercial travel only. Charge receipts and photo copies will not suffice.
3. On the upper part of the Expense Voucher form, give the name and person or entity to be reimbursed and provide a complete mailing address.
4. All columns on the major body of the form are to be footed and crossfooted placing the "Totals" at the lower right hand corner of the columns in each section.
5. Enter Totals of sections (a) through (d) in the corresponding line(s) of the Summary section. Indicate any money received in advance and total expenses
6. Reimbursement for meals is limited to the per diem paid by ACPE, currently \$43.00 per day. **Do not submit more than \$43.00 per day.**
7. Auto mileage is to be paid at the prevailing IRS rate, as designated in the form.
8. Explain Miscellaneous expenses so that they may be charged to the proper account number.
9. Expense Voucher forms prepared by regional committee members **must be approved (via signature, fax, or email) according to the following:**

Reimbursement for:

Committee Members.....Respective Committee Chairperson

Committee Chairpersons.....Chair, Budget & Investment, or Chair, Leadership Council

Regional Director.....Chair, Personnel Committee

Board of Representatives.....Chair, Leadership Council, Special Projects

Annual Conference.....Chair-Elect, Leadership Council, Service Providers

Authorized by:

10. Mail the **completed/fully tabulated** voucher to:

William F. Carpenter, D.Min.
SWR-ACPE Regional Director
P.O.Box 8954
Hot Springs Village, AR 71910

11. Any follow up contact may be done via email at carpwf@cs.com