

BOARD MEMBER EXPENSE VOUCHER

THIS VOUCHER IS FOR:

- ☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT _____ (Location)
HELD ON _____ (Date(s) of Meeting)
- ☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT _____ (Location)
HELD ON _____ (Session Date(s))
SPONSORED BY _____ (Meeting Sponsor)
- ☐ OTHER: (Describe Reason for Incurring Expenses) _____

MY DATE OF DEPARTURE _____ MY DATE OF RETURN _____

EXPENSES

TRANSPORTATION EXPENSES:

- ☐ Airfare, Train, Bus _____ \$ _____
- ☐ Rental Car Expense _____ \$ _____
- ☐ Hotel _____ \$ _____

DAILY EXPENSES:

- ☐ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER) _____ \$ _____

MEETING REGISTRATION FEE:

- ☐ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT) _____ \$ _____

SETTLEMENT

TOTAL EXPENSES WHICH I INCURRED \$ _____

LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY) \$ _____

EQUALS \$ _____

☐ REFUND WHICH I OWE TO TRUST FUND. MY CHECK IS ATTACHED. \$ _____

OR

☐ AMOUNT OWING ME BY TRUST FUND. I REQUEST REIMBURSEMENT. \$ _____

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.

DATED THIS _____ DAY OF _____, 20 ____.

(Signature of Trustee)

(Address and City)

NOTE TO TRUSTEE: This voucher is for expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example: If a restaurant bill contains a charge for a meal for one or more family members, subtract that amount and indicate on the bill that only the balance is being charged to the trust fund.) If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation which may have been adopted by the Board of Trustees.

DAILY EXPENSES (ATTACH RECEIPTS FOR ALL MEAL EXPENSES AND ANY SINGLE ITEM OF \$25 OR MORE):

DATE: _____	DATE: _____	DATE: _____
HOTEL ROOM PLUS TAX \$ _____	HOTEL ROOM PLUS TAX \$ _____	HOTEL ROOM PLUS TAX \$ _____
BREAKFAST & TIP \$ _____	BREAKFAST & TIP \$ _____	BREAKFAST & TIP \$ _____
LUNCH & TIP \$ _____	LUNCH & TIP \$ _____	LUNCH & TIP \$ _____
DINNER & TIP \$ _____	DINNER & TIP \$ _____	DINNER & TIP \$ _____
BEVERAGES & TIP \$ _____	BEVERAGES & TIP \$ _____	BEVERAGES & TIP \$ _____
PORTERS—BELLMEN \$ _____	PORTERS—BELLMEN \$ _____	PORTERS—BELLMEN \$ _____
LIMOS—TAXIS—BUSES \$ _____	LIMOS—TAXIS—BUSES \$ _____	LIMOS—TAXIS—BUSES \$ _____
_____ \$ _____	_____ \$ _____	_____ \$ _____
(Other)	(Other)	(Other)
TOTAL THIS DATE \$ _____	TOTAL THIS DATE \$ _____	TOTAL THIS DATE \$ _____

DATE: _____	DATE: _____
HOTEL ROOM PLUS TAX \$ _____	HOTEL ROOM PLUS TAX \$ _____
BREAKFAST & TIP \$ _____	BREAKFAST & TIP \$ _____
LUNCH & TIP \$ _____	LUNCH & TIP \$ _____
DINNER & TIP \$ _____	DINNER & TIP \$ _____
BEVERAGES & TIP \$ _____	BEVERAGES & TIP \$ _____
PORTERS—BELLMEN \$ _____	PORTERS—BELLMEN \$ _____
LIMOS—TAXIS—BUSES \$ _____	LIMOS—TAXIS—BUSES \$ _____
_____ \$ _____	_____ \$ _____
(Other)	(Other)
TOTAL THIS DATE \$ _____	TOTAL THIS DATE \$ _____

IF MORE THAN FIVE DAYS,
ATTACH AN ADDITIONAL
VOUCHER SHEET

TOTAL OF ALL DAILY EXPENSES \$ _____

(Transfer amount to front side of voucher)

EXPLANATIONS (IF NEEDED):

"Reimbursable expenses" shall not include expenses of a personal nature or those expenses which are not related to fund business. For example, personal recreational expenses such as golf, tennis, rental of fishing boat and in-room movies are not reimbursable expenses.

SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED).

DISCLAIMER

The International Foundation is making this form available as part of its role of providing educational materials regarding employee benefit matters. This form is not intended to provide "ground rules" for expense reimbursement or the reporting of expense reimbursement for your Fund. What is appropriate or proper in a situation depends on a number of factors including the terms of the Fund's Trust Agreement, policies and practices, and the application of laws and regulations to the facts and circumstances of a particular situation. You should consult with your Fund's advisors, including legal counsel, regarding what is an appropriate and proper expense reimbursement and reporting of such items. You may need to customize the form to reflect your Fund's policies and circumstances.