



**New York State Council of Administrators
Of Health, Physical Education, Recreation and Dance**
Chartered by the New York State Board of Regents 1964
Section of NYS Association for Health, Physical Education, Recreation, and Dance



www.nysahperd.org/coa

Date submitted: _____ Claim #: _____

Print Name: _____

(Print clearly all information)

Address: _____

City: _____ State: _____ Zip code: _____

Itemized Expenses:

Date(s) expenses incurred: _____
and description of meeting and/or reason for expenses: _____

Hotel: _____ Equip. & Supplies: _____ Printing: _____

Meals: _____ Facilities – Rent: _____ Phone: _____

Travel: From - _____ To - _____ Total miles: _____ X .50 = _____

Tolls: _____ Postage: _____ Awards: _____ Clerical: _____ Personnel: _____

Explanation of expenses: _____

Other: _____ Total Amount Claimed: _____

Claimant's signature: _____

1. **Receipts for all expenses, except mileage, must accompany this voucher.**
2. Be sure to include your name, position, address, and date voucher is submitted. Also be sure to sign this form as requested. This is required when receiving funds from a non-profit organization.
3. All bills and vouchers must be submitted within 30 days of expenditure and within the fiscal year, June 1 – May 31 to:

Dennis Fries, COA Treasurer
59 Timrod Dr.
Irondequoit, N.Y. 14617

4. Any questions? (Cell): (585) 730-1526; Fax: (585) 266-2827; Email: freezer@frontiernet.net

Approved: _____ Date: _____