



**Central New England Region  
Reimbursement Voucher for Organizers**

I request reimbursement for amounts expended by me as \_\_\_\_\_ in connection with (event or program) \_\_\_\_\_ on (date) \_\_\_\_\_.

- 1. TRAVEL: (a) Mileage: \_\_\_\_\_ @ \_\_\_\_\_ cents per mile \$ \_\_\_\_\_
- (b) Officials' fares and/or turnpike tolls (see note 1 below) \$ \_\_\_\_\_
- (c) Officials hotel accommodations and/or meals (see note 1 below) \$ \_\_\_\_\_
- 2. POSTAGE: (see note 1 below) \$ \_\_\_\_\_
- 3. PRINTING or PHOTOCOPYING: (see note 1 below) \$ \_\_\_\_\_
- 4. SUPPLIES: Describe: (a) \_\_\_\_\_ \$ \_\_\_\_\_
- (b) \_\_\_\_\_ \$ \_\_\_\_\_
- (c) \_\_\_\_\_ \$ \_\_\_\_\_
- 5. INSURANCE: ( Attach copy of USPC or Equisure Proof of insurance) \$ \_\_\_\_\_
- 6. OTHER: Describe: (a) \_\_\_\_\_ \$ \_\_\_\_\_
- (b) \_\_\_\_\_ \$ \_\_\_\_\_
- (c) \_\_\_\_\_ \$ \_\_\_\_\_

**Total Amounts Expended:** \$ \_\_\_\_\_

CONTRIBUTION: I wish to donate \$ \_\_\_\_\_ of the above expenses. (see note 2 below)

**Balance Due Me:**

Signature:

\_\_\_\_\_

Payment approved by:

\_\_\_\_\_

Organizer/Chairperson

Send check to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

please print

*Note 1: All requests for reimbursements must be accompanied by evidence of purchase (e.g., receipts, vouchers, bills). No state taxes in excess of \$1.00 paid to a specific vendor will not be reimbursed – an exemption form is to be used at the time of the purchase and is available from CNER through the Organizer/Chairperson for expenses relation to the Region's sponsored programs.*

*Note 2: Contributions are deductible for income tax purposes as allowed by law. A letter of acknowledgement will be sent to you by request.*

**Submit to:**

**Curtis Renner  
1108 Whittemore St.  
Leicester, MA 01524**

**Keep one copy for your records**