SAMPLE TRUSTEE
EXPENSE VOUCHER
TRUSTEE 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 ____________________________ $ ____________

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: ____________________________

HOTEL ROOM PLUS TAX $ __________
BREAKFAST & TIP $ __________
LUNCH & TIP $ __________
DINNER & TIP $ __________
BEVERAGES & TIP $ __________
PORTERS—BELLMEN $ __________
LIMOS—TAXIS—BUSES $ __________

(Other) $ __________

TOTAL THIS DATE $ __________

DATE: ____________________________

HOTEL ROOM PLUS TAX $ __________
BREAKFAST & TIP $ __________
LUNCH & TIP $ __________
DINNER & TIP $ __________
BEVERAGES & TIP $ __________
PORTERS—BELLMEN $ __________
LIMOS—TAXIS—BUSES $ __________

(Other) $ __________

TOTAL THIS DATE $ __________

DATE: ____________________________

HOTEL ROOM PLUS TAX $ __________
BREAKFAST & TIP $ __________
LUNCH & TIP $ __________
DINNER & TIP $ __________
BEVERAGES & TIP $ __________
PORTERS—BELLMEN $ __________
LIMOS—TAXIS—BUSES $ __________

(Other) $ __________

TOTAL THIS DATE $ __________

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.

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