



New York State
Public Employees
Federation, AFL-CIO
1168-70 Troy-Scenectady Rd
P.O. Box 12414, Albany, NY 12212-2414

Expense Voucher

Sheets:		of	
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Mileage Rate \$0.700 as of 1/1/25

Name: _____

Email: _____

Phone #: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Expense Item	Date	Date	Date	Date	Date	Date	TOTAL
<i>Enter Dates Here ></i>							
Breakfast							\$
Lunch							\$
Dinner							\$
Hotel							\$
Public Trans							\$
Parking Tolls							\$
Other <i>Explain Below</i>							\$
Totals:	\$	\$	\$	\$	\$	\$	\$

Automobile Miles Traveled

From:						
To:						
Miles:						
Then to:						
Miles:						
Total Miles:						
<i>Total miles X rate per mile (\$)</i>						\$
Total on This Sheet						\$
Total on Other Sheet(s)						\$
Total on All Sheets						\$
Less Advances Received						\$
Total Reimbursed						\$

Please indicate the PEF committee or program that should be charged for these expenses. Explain completely the PEF business purpose for which these expenses were incurred, giving dates, places and names:

I, certify that the above expenses were incurred for PEF business and proper receipts for all expenses listed are attached where required.

Signature

Date

Approved by

Date

To be completed by the Accounting Department

Account	Amount