BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Albany-Schoharie-Schenectady-Saratoga Counties
1031 Watervliet- Shaker Road
Albany, New York 12205

MISCELLANEOUS EXPENSE VOUCHER

Name: _____ Date Submitted: _____

Date	Description of Expense	Amount of Expense	# of meeting participants	Rationale for purchase
		Total Expense $		

I certify that the above claim is accurate and that these charges were incurred on the dates indicated and with the prior approval of the Division Director.

_____ _____
(Signature of Claimant) (Supervisor)

July 1, 2003

INSTRUCTIONS

This form is to be used when seeking reimbursement for supplies, materials, meeting refreshments, etc., that are considered necessary and reasonable.

The use of this reimbursement procedure is not intended to replace or circumvent the normal purchasing procedures. The maximum amount of any individual reimbursement entry shall not exceed $20.00.

Original receipts identifying the vendor and items purchased must be submitted with the expense voucher.