Kyrene Education Association
Expense Voucher

Name _____ Date _____

Address _____

*Please itemize all expenditures and **attach receipts.***

1. Committee Expenses	
1.1 Human and Civil Rights	$ _____
1.2 Instruction and Professional Development	$ _____
1.3 Legislative Action	$ _____
1.4 Meet and Confer	$ _____
1.5 Membership	$ _____
1.6 Professional Responsibilities	$ _____
1.7 Board Contact Team	$ _____
2. Donations	
2.1 AEA Retired	$ _____
2.2 Scholarships	$ _____
2.3 Family Resource Center	$ _____
3. Printing/Postage Supplies	
3.1 Flyer/Copies	$ _____
3.2 Postage	$ _____
3.3 Office Supplies	$ _____
4. Training	
4.1 New Teacher Orientation	$ _____
4.2 Leadership Training	$ _____
4.3 Childcare Reimbursement	$ _____
4.4 NBCT Financial Assistance	$ _____
5. Governance	
5.1 NEA Representative Assembly	$ _____
5.2 AEA Delegate Assembly	$ _____
5.3 Representative Council Meetings	$ _____
5.4 School Meetings	$ _____
5.5 Executive Council Meetings	$ _____
5.6 Accounting	$ _____
6. Officers' Expenses	
6.1 President	$ _____
6.2 Release Time	$ _____
6.3 Vice President	$ _____
6.4 Secretary	$ _____
6.5 Treasurer	$ _____
6.6 Mileage	$ _____
6.7 Cell Phone	$ _____
7. Contingency _____(note purpose)	$ _____
Total	$

Check # _____ Date _____