



2024-2025 Expense Voucher

Payee: _____

Account#: _____

Address: _____

Invoice#: _____

AASA

- Dues
- Breakfast
- Reception
- Advocacy Conference
- AASA/ASE Meetings

Services

- Coaching Support
- Coaching Stipend CC EC VC
- Coach Training Stipend
- Member Legal Fund
- Mentoring Program (AMP)
- MCSA Video Library

Advocacy

- Legislative Advocacy Contingency
- School Administrators Coalition (SAC)
- State Lobbyists' Meeting

Workshops

- Aspiring Superintendent Cohort
- Aspiring Superintendent Workshop
- Lead-Develop-Support Series
- Missouri Superintendents' Academy
- School Finance Workshops

Committees

- Executive Committee
- MASA Committees

Fundraising

- Bartow Golf Tournament
- Bartow Golf Tournament Scholarships
- Masters Golf Tournament

Conferences

- MSBA/MASA Fall Conference
- Spring Conference
- Women in Leadership Summit

Association Expenses

- Audit
- Capital Outlay
- Contingency
- Dues, Memberships, Subscriptions
- Insurance
- MCSA Administrative Services
- MCSA Umbrella Payment
- Miscellaneous
- Postage/Printing
- Services/Supplies
- Superintendent of the Year Award
- Taxes

DESE

- New Superintendents Lunch/Dinner
- DESE Related Expenses

Directors Expenses

- Communication Director
- Executive Director Expenses
 - Fringe Benefits
 - Monthly Travel Stipend
- Dir Government Relations
- Dir Leadership Development
- Dir Mo Superintendents' Academy
- Dir Women in Leadership

TOTAL EXPENSES: \$ _____

Submitted by: _____

Date: _____

Approved by: _____

Date: _____

Office Use

Paid: _____

Check#: _____

Online Payment: _____

Mailed: _____



2024-2025 Work Sheet

(Please complete one voucher per trip.)

Guidelines

Lodging – Attach receipts of hotel bills

Meals – Attach receipts

Travel – Allowance is .67 per mile IRS 2024 Rate *(please travel together when possible)*

NO EXPENSES WILL BE PAID WITHOUT COMPLETE AND ACCURATE BILLS ATTACHED.

Purpose of Trip: _____

Date of Trip: _____

Actual food costs should be indicated below with meal receipt attached. The Association will pay no more than the allowable credits for meals.

Date	From	To	Breakfast	Lunch	Dinner	Lodging	Parking	Total

Mileage Reimbursement

_____ Miles at .67 per mile. Total mileage expense: \$ _____

TOTAL EXPENSES: \$ _____

(Please include this amount on the front)