



NORTH CENTRAL REGION
THE ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.

North Central Region - ACPE
 P.O. Box 1832
 Burnsville, MN 55337-1832

Phone: 612-270-3313
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Rev. Gary W. Sartain, Regional Director

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 www.ncracpe.org

Expense Voucher (Mail with supporting documentation to the address above.)

Payment to be made to:

Name: _____

Address: _____

Phone: _____ Email: _____

Attach Receipts where applicable

Amount:

Commercial Transportation

(air, bus, train, rental car, taxi – use one line for each)

Personal automobile (35 cents/mile + 5 cents/mile per NCR passenger)

Miles _____ X Rate _____ =

Meals (not to exceed current NCR per diem) #. of days _____

Lodging # of nights _____

Miscellaneous (List and explain – attach additional sheet if necessary)
 (Record things like postage, telephone, photo-copying, etc.)

Total: _____

NCR Category to which above is to be charged: _____
 (NCR Committee, Board, RD, Regional Office, etc.)

Approved by: _____

(Must be signed by a person authorized under the NCR Financial Policy to sign-off for the category listed.)

Regional Office Use Only:	
Date Paid:	_____
NCR Check #:	_____