



**MASSACHUSETTS TEACHERS ASSOCIATION**  
2 Heritage Drive, Quincy, MA 02171-2119

**EXPENSE VOUCHER**

Submit within 30 days of week ending date.  
Provide detailed receipts for all charges.

NAME \_\_\_\_\_ W/E Sat: 07/09/22

**TAPE receipts to 8-1/2 x 11 sheets and submit with this voucher to address above**      **2022 NEA-RA Delegate -- Meals -- To be used by REMOTE Delegates**

DAY	ACTIVITY				LUNCH	DINNER				TOTALS
Sun, July 3	NEA-RA									
Mon, July 4	NEA-RA									
Tues, July 5	NEA-RA									
Wed, July 6	NEA-RA									
Thurs										
Fri										
Sat										
<b>TOTALS</b>										

DUE TRAVELER:

**WEEKLY EXPENSE ALLOCATION (For Staff Use Only)**

DIVISION CODE	ACCOUNT CODE	PROGRAM CODE	EXPENSE \$
<b>790</b>	<b>6601</b>	<b>51</b>	

Meal receipts must be dates, detailed, itemized receipts showing all items purchased and dollar amount for each.  
Tape receipts to 8.5x 11 sheets so that each receipt shows separately.

SIGNATURE OF SUBMITTER: _____	DATE ____ / ____ / ____	Member Address: _____
SIGNATURE OF APPROVER: _____	DATE ____ / ____ / ____	