



NATIONAL GUARD ASSOCIATION OF ILLINOIS

ADMINISTRATIVE OFFICE

P.O. Box 8220 • Melrose Park, IL 60161

708-343-1945 • Fax 708-343-1989

Email oxvpil@ngai.com • Web www.ngai.com

EXECUTIVE BOARD MEETING EXPENSE VOUCHER

NAME _____

ADDRESS _____

The following expenses are submitted for reimbursement in connection with my Attendance at the NGAI Executive Board meeting on _____.

Round trip mileage of _____ miles at \$48.5 per mile = \$ _____

Lodging (receipt must be attached) = \$ _____

Other expenses to be reimbursed (with board approval) = \$ _____

Total expenses to be reimbursed \$ _____

Signature _____

Printed name _____