

MASA EXPENSE VOUCHER 2023-2024

Name _____

Address _____

Street	City	State	ZIP
_____ AASA Dues	_____ Spring Conference		
_____ AASA Breakfast	_____ Missouri Superintendent's Academy		
_____ AASA Reception	_____ Superintendent of Year Award		
_____ AASA Advocacy Conference	_____ Women in Leadership		
_____ AASA/ASE Meetings	_____ Coaching Support		
_____ Executive Director Expenses	_____ State Lobbyists Meeting		
_____ Executive Director Fringe Benefits (Life Ins.)	_____ Member Legal Fund		
_____ Executive Director Travel	_____ Video Library		
_____ Director Government Relations Expenses	_____ Mentoring Program (AMP)		
_____ Missouri Supt's Academy Director Expenses	_____ School Finance Consulting		
_____ Director for Leader Development Expenses	_____ Executive Committee		
_____ Communications Director Expenses	_____ MASA Committees		
_____ MCSA Administrative Services	_____ School Administrators Coalition (SAC)		
_____ MCSA Umbrella Payment	_____ Legislative Advocacy Contingency		
_____ Aspiring Superintendent Workshop	_____ Audit		
_____ Aspiring Superintendent Cohort	_____ Capital Outlay		
_____ Masters Golf Tournament	_____ Contingency		
_____ Bartow Golf Tournament	_____ Dues, Memberships, Subscriptions		
_____ Bartow Golf Tournament Scholarships	_____ Insurance		
_____ Lead-Develop-Support Series	_____ Miscellaneous		
_____ MSBA/MASA Fall Conference	_____ Postage/Printing		
_____ New Superintendents DESE Lunch/Dinner	_____ Services/Supplies		
_____ School Finance Workshops	_____ Taxes		

TOTAL EXPENSES: \$ _____ (Complete work sheet on back.)

Submitted by: _____ Approved by: _____ Date: _____

Date: _____ Approved by: _____ Date: _____

*****EXPENSE VOUCHERS MUST BE TURNED IN WITHIN 30 DAYS AFTER TRIP IS MADE.*****

Please return to: MASA, 3550 Amazonas Dr., Jefferson City, MO 65109-5716

Paid _____ Check # _____

MASA WORK SHEET

(Please complete one voucher per trip.)

GUIDELINES:

Lodging - Attach receipts of hotel/motel bills.

Meals - Attach receipts.

Travel - Allowance is .625 per mile (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	Other	Total

_____ miles at **.655** per mile (as of 9.14.23). Total mileage expense: \$_____

TOTAL EXPENSES: \$_____ (transfer this amount to page 1)