Ophthalmic Photographers' Society, Incorporated *Travel Expense Voucher*

Pay To:				Date:				
	Name of Payee							
	Street and Number							
	City, State, Zip							
Destination:								
Purpose of	of Trip:							
Date	Points of Travel Description of Expense Items	Trans	Hotel	Misc	MEALS Breakfast Lunch Dinner			TOTAL
TOTAL								

Ticket Advance: Travel Advance: Total Advances:

Balance Due:

If Balance Due is negative, make check payable to OPS, and mail reimbursement with this form.

Certified Correct:

Signature of Payee

Date

Approval: