



**INDIANA POLICE ACCREDITATION COALITION
EXPENSE VOUCHER**

Date Submitted _____

Date of Event _____

Member's Name _____

Address _____ City _____ State _____ Zip _____

Reason Expense is Incurred _____

Submitted By: _____

Transportation _____ (Miles) X \$ _____ per mile \$ _____

Meals..... _____ (Days) X \$ _____ per day \$ _____

Hotel..... _____ (Days) X \$ _____ per day \$ _____

Miscellaneous _____ \$ _____

TOTAL..... \$ _____

Attach any receipts to form.

Approved _____
President

Approved _____
Treasurer

Check Total _____ Check Number _____

**Mail to:
Carmel Police Department
3 Civic Square
Carmel, IN 46032
ATTN: Mike Dixon**