

**SOUTH CAROLINA STATE UNIVERSITY
NATIONAL ALUMNI ASSOCIATION, INC**

Post Office Box 7113
Orangeburg, SC 29117

PAYEE _____ TITLE/COMMITTEE _____

MAILING ADDRESS _____ CITY/STATE/ZIP _____

PURPOSE _____ DATE OF DEPARTURE _____

DESTINATION _____ DATE OF RETURN _____

TRAVEL ITEMS	SUN.	MON.	TUE.	WED.	THUR.	FRI.	SAT.	TOTALS
Lodging (Attach Receipts)								
Car Miles X .40								
Airline, Train, Bus Tickets (Attach receipts)								
Other (Parking N/A)								

TOTAL TRAVEL (Max \$300.00): _____

OTHER EXPENSES

QUANTITY	DESCRIPTION (ATTACH RECEIPTS)	PRICE	TAX	TOTAL

TOTAL OTHER EXPENSES _____

GRAND TOTAL _____

I certify that this report is correct and expenses shown are those incurred by:

Signature/Payee _____ Date _____

Approved by _____
National President

Paid by _____
Treasurer

Financial Secretary

Date _____

Voucher # _____

Check # _____