



ILLINOIS COUNSELING ASSOCIATION

2025-2026 Voucher For Reimbursement Of Expenses

NOTE: NO RECEIPT – NO REIMBURSEMENT

Send to:

ICA Association Director
PO Box 367
DeKalb, IL 60115

Directions:

1. Attach invoice or receipted statement of expense
2. Explain reasons for expenses, use other side if needed.
3. Submit the voucher for approval and payment
4. Voucher must be completed in full for consideration.

PLEASE PRINT

Pay to the Order of _____

Address _____

Date of Voucher Submission _____

Committee or Office in ICA of Person Submitting Voucher _____

EXPENSES TO BE REIMBURSED	
Mileage (.725 cents/mile = _____ miles x .725 =	\$
	\$
	\$
	\$
	\$
	\$
TOTAL REQUESTED REIMBURSEMENT	\$

TOTAL APPROVED REIMBURSEMENT	\$
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Voucher Maker Signature

Nicole Thompson, ICA President 2025-26

Office Use Only

Account to be Charged: _____