STATE BOARD OF EQUALIZATION
PAYMENT VOUCHER for MARICOPA COUNTY

For Pre-approved Meals, Lodging and Fees

Name _____ Vendor Code: _____

Address _____ Date: _____

City/State/Zip _____

Phone _____

	Training Date	Total Miles SBOE & Return Only	Travel Expense $0.58/mile as of 1/1/19	Parking Expense	Pre-Approved Other Meals/Lodging/Fees	1/2 Day $200	Full Day $300
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
		Totals					

Total for days worked	
Total Mileage	
Total Parking/Other	
GRAND TOTAL	

BOE Officer Signature _____

Authorized Approval : _____

Date of Auth _____

PIMA COUNTY STATE BOARD OF EQUALIZATION HEARING OFFICER INVOICE

Name:	H.O. Signature:
Mailing Address:	Date:
Telephone:	Authorized Signature:

Date	Destination	Start Odometer	End Odometer	Total miles	Miles @ $ .445	Parking	Half Day $200	Full Day $300
				Column Totals				
								Total Invoice Amount

Effective Date: 3/28/13