LWML Texas District

EXPENSE VOUCHER

VOUCHER _____

Expense check due:

TO _____

Address _____

City _____, ____ **Zip** _____

Email _____

Office of Requestor _____

Signature _____ **Date** _____

Approved _____ **Com. Chr.** _____

Approved _____ **President** _____

TRAVEL EXPENSES:

Function _____ **Date** _____

Travel from _____ **to** _____

Check one: ☐ **Round trip** ☐ **One way** **(attach documentation)**

_____ **miles @** _____ **per mile =** _____ **$** _____

And/or lowest airfare from _____

to _____ **$** _____

Parking $ _____ **Travel Tips $** _____ **$** _____

Meals _____ **$** _____

Lodging _____ **nights @** _____ **per night** **$** _____

OTHER EXPENSES:

Supplies _____ **$** _____

Postage/Phone _____ **$** _____

Printing/Copies _____ **$** _____

Other _____ **$** _____

_____ **$** _____

VOUCHER TOTAL **$** _____

Less In-Kind donation in lieu of payment. (A copy of this form is your receipt)

In-Kind donation to LWML Texas District Mites **$ (_____)**

In-Kind donation to (other) _____ **$ (_____)**

BALANCE DUE RECIPIENT **$** _____

Additional information:

Treasurer's Use Only

Check # _____

Date Paid _____

Amount $ _____

Donated $ _____

Treasurer's Signature:

_____

Expense Codes	Donation Notes

Attach all necessary receipts. Submit within 60 days of event for guaranteed payment. Committee members send to Committee Chairman for approval prior to chairman's submission to District President. All others submit directly to the President.