

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)

Less In-Kind donation in lieu of payment \$ (_____) (remains in Travel Fund) Use - sign before \$ amount

BALANCE DUE RECIPIENT \$ _____

Additional information:

VOUCHER _____

Treasurer's Use Only

Check # _____

Date Paid _____

Amount \$ _____

Donated \$ _____

Treasurer's Signature:

Expense Codes	Donation Notes

Attach all necessary receipts. Submit within 15 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.