



EXPENSE VOUCHER

Date: _____ **Name:** _____

Mailing Address: _____

Purpose of expense: _____

I hereby certify that I have incurred the following expenses in meeting the responsibilities of my office and request reimbursement by the District Secretary-Treasurer within the provision of my budget as approved by the Board of Directors.

Signature of requestor: _____

Item Reimbursement

Date of Expense	Details of Expense	Amount	Budget Line (D S/T only)

Mileage Reimbursement

Date	From	To	# of KM	Amount \$0.25/km	Budget Line

District Secretary/Treasurer Use only

Total Expenses:

Date Issued: _____

Cheque No: _____

Date Mailed: _____

Signature: _____

***Please use a second form if you require more space**

***Receipts are required to be attached**