Central Ontario District

Expense Voucher

I hereby certify that I have incurred the following expenditures in meeting the responsibilities of my office and request reimbursement to the limit of my budget as approved by the board of directors.

Name:

Date: _____ Address _____

Indicate nature and purpose of expense: _____

Items (Attach invoice)	Amount
	$
	$

IF REIMBURSEMENT FOR TRAVEL, INDICATE THE FOLLOWING

Date	From	To	km	Amount-0.25 per km
			Total Expenses	$

Budget Account Charged to _____ Cheque No. _____

Date _____ Approved & Issued by: _____

Treasurer

Revised August 28, 2013