

(Revised 10/2016)

Minnesota-Dakotas District of Kiwanis International

EXPENSE REPORT

Print Name _____

Signature _____

Purpose _____

Date Expense Incurred _____

Place Expense Incurred _____

EXPENSES:	\$ AMOUNT
Air, Rail, Bus	
Auto Mileage (miles at 30 cents _____)	
Hotel (number of days _____)	
Meals (number _____)	
Taxi/Shuttle	
Conference Registration	
Postage	
Other (itemize)	
TOTAL	\$

Approval if required
 Signature _____
 Date _____

Submit to:
 Steve Handegaard
 District Sec/Treas
 P.O. Box 735
 Dalton, MN 56324-0735

Paid by Check No. _____
 Date Paid _____

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