

Rocky Mountain District of Kiwanis International

EXPENSE VOUCHER

Voucher for reimbursement is due to district office within 30 days of completion of event or request is forfeited.

NAME (Print) _____

POSITION _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PURPOSE OF TRAVEL _____

PERIOD COVERED _____ TO _____

TRAVEL: _____ miles @ .25 per mile \$ _____

POSTAGE: (receipts attached and totaled) \$ _____

LONG DISTANCE PHONE: (attach copy of bill, include any discounts) \$ _____

INCIDENTALS: (printing, copying, supplies, attach receipts) \$ _____

HOTEL: Limited to one night, for meetings outside division, unless authorized by district office. Lt. Governors on both old and new boards will be reimbursed two nights for attending 2 meetings. Attach receipts. \$ _____

OTHER: Attach explanation \$ _____

TOTAL FOR REIMBURSEMENT: \$ _____

LESS - DONATION IN KIND*: \$ _____

NET REIMBURSEMENT: \$ _____

*(Use this line to donate the amount of your reimbursement.)

Send this voucher with receipts to:

Executive Director
Rocky Mountain District of Kiwanis Int'l.
P.O. Box 270738
Fort Collins, CO 80527

Fax to 970-568-8032 or email to kiwanisrmd@gmail.com