



AMS&NW District 13 District Expense Voucher



Name: _____ Position: _____

Nature 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 provisions of the budget and available funds of the District.

- Club Visitation Report Attached
 Annual Club Planning Conference Form Attached

Date: _____ Signature: _____

ITEMS (Attach paid invoices where possible)	Amount

If Reimbursement for Travel, Indicate the Following

Date	From	To	Miles/Km	Rate	Amount
				\$ 0.10	
				\$ 0.10	
				\$ 0.10	
				\$ 0.10	

Per Diem Calculations

Approved for Payment	# Days	Rate	Amount
		\$ 45.00	

Total Expenses

To be completed by the District Secretart-Treasurer

Budget Account(s) charged to: _____ Paid by Check No: _____

Account No.	Amount

Date: _____ Signature: _____
District Secretary-Treasurer