VOUCHER FOR REIMBURSEMENT

Date of request: _____

Position held: _____

District number: _____

Check payable to (full name): _____

Mailing address: _____

_____

1. Complete this form.
2. Attach organized receipts. Tape receipts smaller than this piece of paper to a piece of plain white paper. Multiple receipts may be taped to one page. Clearly indicate which amount on the receipt is being requested for reimbursement and note the corresponding number as listed below.
3. Return to the district governor (address below).
4. The district governor reviews, approves, and forwards to the treasurer for payment.
5. Receipts submitted more than 60 days from the date of the expense may be considered unreimbursable.

Line	Month of Expense	Currency	Amount	Expense Description (If travel, indicate mileage and rate used in calculation.)	Treasurer's Use Only		
					Account Label	Reporting Code	Event Period
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
	Total:						

Approvals

District governor's name (print): _____ **District governor's signature:** _____ Date: _____

If a single expenditure is more than $500 or a check is payable to the district governor or treasurer, a lieutenant governor's approval is required.

Lieutenant governor's name (print): _____ Lieutenant governor's signature: _____ LGET or LGM (circle one)   Date: _____

Treasurer's name (print): _____ Treasurer's signature: _____ Date: _____

Check Number: _____   Check Date: _____