NEW ENGLAND AND BERMUDA DISTRICT OF KIWANIS INTERNATIONAL, INC.

EXPENSE VOUCHER

In order to receive reimbursement,
receipts must be attached to this voucher for all expenses except mileage.

NAME: TITLE:

ADDRESS: DATE:

DATE	PLACE	PURPOSE	MILES DRIVEN	MILEAGE AMOUNT	FARE	MEALS	HOTEL	TRIP TOTAL
Mileage Reimbursement Rate:	$0.30 / mile	SubTotals						

DISTRICT OFFICE RECORD
(Do Not Write Here - Office Use Only)

CHARGE TO	Acct. No.	Amount
	TOTAL	

Voucher #:

Check #:

Date:

OTHER EXPENSES --- ITEMIZE & SUB-TOTAL

Description of Expense	Amount
SubTotal	
Telephone Expense - From (date:) To (date):	
Postage Expense - From (date:) To (date):	
GRAND TOTAL	

X _____
(Recipient's Signature)

Approved for $ _____ .
(amount)

District Governor _____ .
(signature)

District Secretary _____ .
(signature)