NEW ENGLAND 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 _____ DATE _____ 20____

ADDRESS _____

DATE	PLACE	PURPOSE	MILEAGE	FARE	MEALS	HOTEL	TRIP TOTAL

DISTRICT OFFICE RECORD (Do Not Write Here)

CHARGE TO	Acct. No.	Amount
	TOTAL	

Voucher Number_____

Paid by Check No._____ Date_____

OTHER EXPENSES --- ITEMIZE SUB-TOTAL

Tel. & Tel. from	20	to	20	
Postage from	20	to	20	
X _____ Recipient's Signature			**GRAND TOTAL**	

Approved for $_____

District Governor_____

District Secretary_____

PLEASE MAKE OUT IN TRIPLICATE AND RETAIN PINK COPY.