

EXPENSE VOUCHER

(Please Print clearly.)

NAME _____ DATE _____

STREET _____

CITY _____ STATE _____ ZIP CODE _____

MEETING _____ PLACE _____

ITEMIZED EXPENSES

MILEAGE and OTHER EXPENSES:

_____ MILES (ROUND TRIP) Volunteer miles @.14 per mile	\$	
_____ MILES FOR _____ ADDITIONAL PASSENGER @ .01	\$	
TOLLS _____	\$	
MEALS _____ (receipt must be attached) _____	\$	
LODGING _____ (receipt must be attached) _____	\$	
OTHER _____	\$	
TOTAL AMOUNT	\$	

PLEASE CHECK ONE

Please send check.

I would like to contribute the above amount to the K-O CONFERENCE. Please send me a receipt _____. Do NOT send a receipt _____.

I would like to contribute \$_____ of the above to the K-O CONFERENCE. Please send a receipt for the designated amount and a check for the remainder.

APPROVED BY _____ DATE _____

For office use only:

<u>INVOICE NUMBER</u>	<u>DESCRIPTION</u>	<u>ACCOUNT NUMBER</u>	<u>DEBIT</u>	<u>CREDIT</u>
Paid Date _____		Check Number _____		
Receipt Date _____		Receipt Number _____		