

VOUCHER FOR REIMBURSEMENT BY DISTRICT 57

Date of Request: ____/____/____ Check Payable To: _____
 Full Name: _____ Mailing Address: _____
 Position held: _____
 Signature: _____

Reimbursement of any expense on behalf of the District must make use of this voucher.

- 1) Return this form with attached original receipts to the District Treasurer (by mail)
- 2) The expenses will be categorized and authorized
- 3) The Treasurer will forward this voucher to the District Governor for approval.

Note: Vouchers received by the 15th of the month will be paid within 30 days.

District Treasurer: Lindy Sinclair
 541 Chabre Ct
 El Sobrante, CA 94803-1718
 Phone Number: 510-223-4063 Email: lindy@lindysinclair.com

District Treasurer's Signature: _____

<u>Type of Expense</u>	<u>Amount</u>	<u>Description</u>	<i>Internal Use Only</i> <u>Budget Line Item No.</u>
Postage	\$ _____	_____	_____
Telephone	\$ _____	_____	_____
Travel	\$ _____	_____	_____
Supplies	\$ _____	_____	_____
Copier	\$ _____	_____	_____
Printing	\$ _____	_____	_____
Typesetting	\$ _____	_____	_____
Other	\$ _____	_____	_____
Other	\$ _____	_____	_____
Other	\$ _____	_____	_____
TOTAL	\$ _____		

Internal Use Only

Check No: _____

Date Mailed: _____

District Governor's Approval _____
 (Signature)