

Expense Voucher

- Operations Account
 Investment Account

DATE OF REQUEST:

PAYABLE TO:

STREET:

CITY, STATE, ZIP:

TELEPHONE:

| Date of Expense | Code | Reason for / Explanation of Expense | Amount |
|-----------------|------|-------------------------------------|--------|
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MILEAGE REIMBURSEMENT

| | | | |
|-----------------|--|---------------------|--|
| | | Reason: | |
| Event Location: | | Travel From: | |
| Travel To: | | Round-trip miles: | |
| | | x \$0.14 per mile = | |

TOTAL

CKIDistrict Treasurer's Approval: _____

CKI Financial Advisor's Approval: * _____

CKI District Administrator's Approval: _____

Kiwanis Executive Director's Approval: _____

DATE PAID:

CHECK NUMBER:

PROPER RECEIPTS MUST ACCOMPANY ANY REIMBURSEMENT REQUEST.
REQUEST MUST BE BUDGETED ITEM.
PROPER ACCOUNT CODE MUST BE DESIGNATED.

* If required