

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

MILEAGE REIMBURSEMENT

		Reason:	
Event Location:		Travel From:	
Travel To:		Round-trip miles:	
		x \$0.20 per mile =	

TOTAL

CKI District 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