



OPTIMIST INTERNATIONAL



DISTRICT EXPENSE VOUCHER

I hereby certify that I have incurred the following expenses in meeting the responsibilities of my office and request reimbursement by the District Secretary-Treasurer within the provisions of the budget and available funds of the district.

DATE _____ NAME _____ SIGNED _____

Indicate nature and Purpose of Expense _____

ITEMS (Attach a paid invoice where possible)	AMOUNT
	\$

IF REIMBURSEMENT FOR TRAVEL, INDICATE THE FOLLOWING

Date	From	To	Miles	Amount or \$.30 per mile

Approved _____ GOVERNOR Total Expenses \$ _____

TO BE COMPLETED BY DISTRICT SECRETARY-TREASURER

Budget Account(s) charged to: _____ Account No. _____ Amount _____ Paid by Check No: _____

Date _____ By _____

DISTRICT SECRETARY-TREASURER