

VOUCHER FOR REIMBURSEMENT

DISTRICT 37 TOASTMASTERS

Date of Request: _____ Check Payable To: _____

Full Name: _____ Address: _____

Position held: _____ City, St, Zip: _____

E-mail Address: (for updates) _____

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

- 1) Return this form with attached receipts to the District Governor (address below).
- 2) The expenses will be categorized and authorized.
- 3) The District Governor will forward this voucher to the Treasurer for payment.
- 4) If you need more space to describe an expense, please use the back of this form.

District Governor: Sharon Hill, DTM
Address: 1115 Blackcherry Road
Chapel Hill, NC 27514

District Governor's Approval: _____

(Signature)

Internal Use Only

<u>Type of Expense</u>	<u>Amount</u>	<u>Description</u>	<u>Budget Line Item No.</u>
Postage	\$ _____	_____	_____
Travel	\$ _____	_____	_____
Supplies	\$ _____	_____	_____
Copier	\$ _____	_____	_____
Printing	\$ _____	_____	_____
Other	\$ _____	_____	_____
Sales Tax Paid	\$ _____	_____	_____
TOTAL	\$ _____		

Treasurer's Signature: _____

Internal Use

Check No: _____

Date Mailed: _____