

OPTIMIST INTERNATIONAL KANSAS DISTRICT EXPENSE VOUCHER



2023-2024

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

Date _____ Signed _____

Print Name _____

Mailing Address _____ City _____ Zip _____

Indicate nature & purpose of expenses _____

<input type="checkbox"/> Club Visitation Report Enclosed <input type="checkbox"/> Club Visitation Report Submitted on _____	
ITEMS (attach paid invoice where possible)	AMOUNT

IF REIMBURSEMENT FOR TRAVEL, INDICATE THE FOLLOWING

DATE	FROM	TO	MILES	AMT 30c PER MI

Approved _____ **TOTAL EXPENSES:**
Governor

TO BE COMPLETED BY DISTRICT TREASURER

Budget account(s) charged to _____ Paid by Ck. No. _____

Date: _____ By _____
District Treasurer