STATE COUNCIL EXPENSE VOUCHER

Name: _____

Address: _____ City: _____ Zip: _____

Date of expenses (month-day-year): From _____ To _____

Purpose or Function _____

TRAVEL EXPENSES (Rev 7/1/12)

Date	From	To	Miles (0.41 per mile)	$ Amount
		TOTAL:		

LIVING EXPENSES

(Receipts MUST be attached for reimbursement of these expenses) Meals: actual cost only, not to exceed $25.00 /meal

Lodging: actual cost only, not to exceed $75.00/night

Date	City	No.	Meal Amount	Lodging Amount	$ Total
	TOTAL:				

MISCELLANEOUS EXPENSES

(Receipts MUST be attached for reimbursement of these expenses)

Date	Description	$ Amount
	TOTAL:	

VOUCHER TOTAL: $ _____

I hereby certify that I have incurred the expenses listed above on behalf of Multiple District 31 (North Carolina) of the International Association of Lions Clubs.

SIGNATURE: _____ TITLE: _____ DATE: _____

Paid: Check Date: _____ Check No. _____ Amount: _____ Treasurer _____