

(Rev.07/01/2024)

EXPENSE VOUCHER

DATE: _____ LODGE # _____

NAME _____

POSITION/COMMITTEE _____

ITEMIZED EXPENSES AMOUNT

TRANSPORTATION _____ miles x .67 \$ _____

TOLLS _____

LODGING (Hotel Name) _____

MEALS _____ -day(s) x \$59 per day _____

PER DIEM _____ -day(s) x \$418.72 per day _____

INCIDENTALS _____

OTHER EXPENSES _____

TOTAL: \$ _____

REASON FOR EXPENSES _____

Address

APPROVAL SIGNATURES:

PRESIDENT _____

TREASURER _____

CHECK # _____

Phone # _____

DATE ISSUED _____

Personal Email _____