



EXPENSE VOUCHER

Complete the following information and send electronically to the State Lodge via email. **NO VOUCHERS WILL BE PAID UNTIL ALL RECEIPTS HAVE BEEN SUBMITTED.** It is recommended that you scan receipts as a PDF document and submit with the voucher. Please refer to the "Standing Rules for Expenses" when completing an expense voucher.

Payable to: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Expense: _____

Purpose: _____

Submitted By: _____

Title: _____

Stipend: _____ (Days) X \$ _____ (Per Day) \$

Transportation _____ (Miles) X \$ **0.67** Per Mile..... \$

Airfare..... \$

Hotel..... \$

Meals..... \$

Miscellaneous (please describe in space below) \$

TOTAL \$

Please make sure that all supporting documentation is attached when submitting for reimbursement.

"OFFICE USE ONLY"

President Approval _____ Date _____

Secretary Approval _____ Date _____

Treasurer Approval _____ Date _____

Any Two May Sign

CHECK ISSUED \$ _____ CHECK NUMBER _____