

EXPENSEVOUCHER

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.

| Address: City: | State: | Zip: |
|-------------------------------------|------------------------|------|
| | | |
| Date of Expense: | | |
| Purpose: | | |
| Submitted Du | | |
| Submitted By: | | |
| Fitle: (Days) X \$ | (Per Day) | \$ |
| Fransportation (Miles) X | \$0.70 Per Mile | \$ |
| Airfare | | |
| Hotel | | \$ |
| Meals | | \$ |
| Miscellaneous (please describe in s | pace below) | \$ |

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

| <u>"</u> | | |
|-----------|--------------------|------------------|
| NO | President Approval | Date |
| SE (| Secretary Approval | Date |
| \supset | Treasurer Approval | Date |
| 윤 | | Any Two May Sign |
| "OFFICE | | |
| • | CHECK ISSUED \$ | CHECK NUMBER |