

Expense Voucher

Operations Account

Foundation Account

DATE OF REQUEST:

PAYABLE TO:

STREET:

CITY, STATE, ZIP:

TELEPHONE:

Date of Expense	Code	Reason for / Explanation of Expense	Amount

MILEAGE REIMBURSEMENT	Event date:	
Reason:	Location:	
Travel from:	Travel to:	
No. of round-trip miles:	x \$0.08 per mile =	
TOTAL		

CKI District Treasurer's Approval: _____

CKI District Administrator's Approval: _____

Kiwanis Executive Director's Approval: _____

CKI Financial Advisor's Approval if required: _____

DATE PAID: _____

CHECK NUMBER: _____

PROPER RECEIPTS MUST ACCOMPANY ANY REIMBURSEMENT REQUEST.
REQUEST MUST BE BUDGETED ITEM.
PROPER ACCOUNT CODE MUST BE DESIGNATED.