

EXPENSE VOUCHER Nebraska-Iowa Kiwanis District



Name: _____

Date Sent: _____

Address: _____

Reason for expense (such as: official visit, organize new club, charter meeting, council meeting, training): _____

Date expense incurred: _____

Place expense incurred: _____

STATEMENT OF EXPENSES

Please attach receipts to support the items listed on this expense voucher, and remember to sign it.

Round-trip auto miles to the following (clubs, presentations, training, conventions, ...):

<u>Location</u>	<u>Date Visited</u>	<u>Miles (2-way)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total miles: _____

Auto miles expense (Total miles x \$.35 per mile, effective 3/1/08) \$ _____

Airfare to: _____ \$ _____

Hotel, number of days: _____ \$ _____

Meals, number: _____ \$ _____

_____ \$ _____

_____ \$ _____

Tips: _____ \$ _____

Phone/fax/Internet: _____ \$ _____

Copying: _____ \$ _____

Postage: _____ \$ _____

Miscellaneous (itemize): _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Signature: _____

Total: \$ _____

Date Paid: _____

Mail to: NE-IA Kiwanis
501 Raider Drive
Williamsburg IA 52361

(September 08) Check #: _____