

OPTIMIST INTERNATIONAL NEW YORK-NEW ENGLAND DISTRICT

DISTRICT EXPENSE VOUCHER

I hereby certify that I have incurred the following expenses in meeting the responsibilities of my District office and request reimbursement by the District Secretary-Treasurer within the provisions of the approved budget and available funds of the District.

_____ Date Name _____
 _____ Address _____ Signature _____
 _____ CSZ _____

Reason for expenses _____

Account Number	Item Description (Attach receipts where possible) Note: Hotel reimbursement is \$75 per night	Amount

Travel Reimbursement				
Date	From	To	Miles	Amount @ \$.15 per mile

Approved _____ Total Expenses _____
 (Governor)

To be completed by District Secretary-Treasurer

Date _____ Check No. _____ Paid to: _____ Signed _____ (District Secretary-Treasurer)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Account</th> <th style="width: 50%;">Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr> <td style="text-align: right;">Total</td> <td> </td> </tr> </tbody> </table>	Account	Amount																					Total	
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