Check No

NEW YORK DISTRICT
OPTIMIST INTERNATIONAL

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 _____ _____ Signature

Address _____

City,State,ZIP _____

Reason For Expenses _____

Account Number	Item Description (Attach receipts where possible)	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)

Account	Amount

10/1/04