Check No _____

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.

_____ Name _____ _____
Date 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)

Account	Amount
Total	

10/1/00