

ST. LAWRENCE DISTRICT VOLUNTEER EXPENSE VOUCHER

(Revised -11/10/08)

**IMPORTANT: Expenses must be submitted within 2 months for reimbursement.
 All receipts must be attached and all "approval" signatures must be included when submitting this form.
 If separate approval is needed, transmit "all" documentation to the "approver" and have that person send
 your package to the District Bookkeeper, Patrick Roach.**

PLEASE MAKE CHECK PAYABLE TO : _____

SEND TO: _____

ADDRESS: _____

PHONE NUMBER: (____) _____ E-MAIL ADDRESS: _____

IN REGARD TO MEETING OF: _____

HELD AT: _____ DATE: _____

FOR THE FOLLOWING EXPENSES:	USA\$	OFFICE USE TOTAL USA\$
TRAVEL: Bus, Train, Plane	_____	_____
Car - _____ x 14c <u>per mile</u>	_____	_____
Tolls (no receipts required under \$15)	_____	_____
Please indicate the entrance/exit numbers of Thruway		
 FOOD & TIPS (NO ALCOHOL):	_____	_____
(Daily limit \$32 USA)	_____	_____
(Single meal \$20 USA)		
 LODGING: _____ nights x \$ _____	_____	_____
 TELEPHONE (List on back of sheet/attach copy):	_____	_____
 MISCELLANEOUS (Please detail):	_____	_____
 TOTAL EXPENSES:	\$ =====	=====

CHARGE TO FOLLOWING BUDGET ITEMS:

BOARD EXPENSE	_____	_____
PRESIDENT'S & UUA TRUSTEE'S TRAVEL	_____	_____
 OFFICE EXPENSE	_____	_____
 COMMITTEE EXPENSE:	_____	_____
(Name of committee - Please detail)		

 MISCELLANEOUS (Please Detail):		
 TOTAL BUDGET CHARGES	\$ =====	=====

SEND TO YOUR COMMITTEE CHAIRPERSON FOR SIGNATURE

X _____ YOUR signature	X _____ Date signed
X _____ CHAIRPERSON'S signature	

CHAIRPERSON, PLEASE send completed forms with all information, receipts & signatures to:

PATRICK ROACH, DISTRICT BOOKKEEPER, 235 DISE ROAD., LITTLE FALLS, NY 13365

OPTIONAL: Simultaneously e-mail your committee chair for approval and copy to Patrick Roach (pjroach6@hotmail.com). Please state the date of the expenditure, the event or purpose and amounts requested for travel, food, and other expenses with a very brief description.