



DMM DISTRICT EXPENSE VOUCHER



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

DATE: _____ **SUBMITTED BY:** _____

DMM ROLE: Officer Lt. Gov Committee Chair Club Representative Other

Indicate nature and purpose of expense: _____

Lt. Gov. Club Visitation Report enclosed Receipts or Paid Invoices attached where possible

ITEM DESCRIPTION	AMOUNT
	\$

IF REIMBURSEMENT FOR AUTHORIZED TRAVEL MILEAGE INDICATE THE FOLLOWING

Date	From	To	Miles	Policy is 25¢ per mile

APPROVED: _____ **TOTAL EXPENSES:** \$ _____
GOVERNOR

TO BE COMPLETED BY DISTRICT SECRETARY AND/OR TREASURER

Budget Account(s) charged to:	Account #	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Paid by Check # : _____

Other Payment: _____

DATE: _____ **BY:** _____

DISTRICT SECRETARY AND/OR TREASURER