

Department Expense Voucher

Date of Event: _____ Town: _____

Name: _____

Address: _____

Itemize Expenses Below and Attach Invoice or Receipts

Amount

Purpose:

Council of Administration--Program Chairmen

Up to \$45.00 for hotel :

(for one night)

Mid-Summer School of Instruction

(for one night)

Mid-Winter Conference

(for two nights)

Department Convention

District President

Up to \$45.00 for hotel :

(for one night)

Fall Conference

(for one night)

Spring Convention

***Permission must be granted by Department President
to spend night on inspection.***

Did you share a room ? Name _____

Round Trip Miles 000 at \$.30 per mile

Round Trip Miles 000 at \$.30 per mile (Official Visit - Dept Representative)

GRAND TOTAL

Signature: _____

Office Held: _____

Date Approved: _____

Approved By: _____

Dept. President

Please print clearly

Send one copy to - Dept. President Kim Butcher, 906 E 4th St, Newton, KS 67114

Send one copy to - Dept. Treasurer Jeanette Cox, PO Box 414, McPherson, KS 67460