

VOUCHER # _____



Optimist International

SWIS District Expense Voucher 2025-2026

Name: _____

Address: _____

City/State/Zip: _____

I HEREBY CERTIFY THAT I HAVE INCURRED THE FOLLOWING EXPENDITURES IN MEETING THE RESPONSIBILITIES OF MY OFFICE AND REQUEST REIMBURSEMENT BY THE DISTRICT TREASURER WITHIN THE PROVISIONS OF THE BUDGET AND AVAILABLE FUNDS OF THE DISTRICT

Date: _____ Signed: _____

[illegible]

IF REIMBURSEMENT FOR TRAVEL, INDICATE THE FOLLOWING

DATE	FROM	TO	MILES	\$0.29 PER MILE
TOTAL				

	TOTAL	
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APPROVED: _____, GOVERNOR

TO BE COMPLETED BY DISTRICT TREASURER

ACCOUNT CHARGED: _____ CHECK #: _____ DATE: BY: _____

_____, DISTRICT TREASURER

SEND TO: Jeff Kuchenbecker Preferred method - EMAIL

By Email: Jeffk@meicher.cpa By USPS: 5 Eastbourne Circle, Madison, WI 53717