VOUCHER # _____

Optimist International

SWIS District Expense Voucher 2023-2024

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: _____

ITEMS (ATTACH INVOICES PREPAID)	AMOUNT
TOTAL	

IF REIMBURSEMENT FOR TRAVEL, INDICATE THE FOLLOWING

DATE	FROM	TO	MILES	$0.29 PER MILE
			TOTAL	

TOTAL	

APPROVED: _____, GOVERNOR

TO BE COMPLETED BY DISTRICT TREASURER

ACCOUNT CHARGED: _____ CHECK #: _____ DATE: _____

BY: _____, DISTRICT TREASURER

SEND TO: Jeff Kuchenbecker Preferred method - EMAIL

By Email: treasurer@swisdistrict.org By USPS: 5 Eastbourne Circle, Madison, WI 53717