VOUCHER #	
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Optimist International

SWIS District Expense Voucher 2024-2025

	Name:			
	Address:			
	City/State/Zip:	:		
			IN MEETING THE RESPONSIBI	LITIES OF MY OFFICE AND REQUEST F
ate:		Signed:		
ITEMS (ATTACH INVO	DICES PREPAID)			AMOUNT
			TOTA	AL
REIMBURSEMENT FO	OR TRAVEL, INDICATE TH	E FOLLOWING TO	MILES	\$0.29 PER MILE
				TOTAL
				TOTAL
PPROVED:			, Co	-GOVERNOR
		TO BE COMPLE	TED BY DISTRICT TREASUR	ER
CCOUNT CHARGED:_	CHEC	K #	DATE:	
CCOUNT CHARGED:_ Y:			DATE: , DISTRI	CT TREASURER