

Seneca Land District Expense Reimbursement Voucher



Name/Office: ** _____

Address: _____

City/State/Zip: _____

(** Please be sure to include your signature & date below)

Date	Destination/Reason (+ odometer readings)	Mileage @ \$.35/mile	Tolls/ Parking	Lodging	Meals	Postage	Phone Calls	Other *explain below	Line Totals
Column Totals									

District President's Signature

** District Officer's Signature

** Date sent to D.P.

Date Rec'd

Date Sent to Treas.

District Treasurer's Signature

Date Rec'd

*Explanations for "Other" column and other comments: _____

Check No.

Date Check Mailed

