

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 \$0.475/mile | Tolls Parking | Lodging | Meals | Postage | Phone Calls | Other *explain below | Line Totals |
|----------------------|---|-------------------------|------------------|---------|-------|---------|----------------|-------------------------|-------------|
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| Column Totals | | | | | | | | | |

_____ **Date sent to D.P.** _____ **** District Officer's Signature**

_____ **Date Rec'd** _____ **District President's Signature**

***Explanations for "Other" column and any comments:**

_____ **Date Rec'd** _____ **District Treasurer's Signature**