

2009-2010			
District Conference VOUCHER FOR REIMBURSEMENT			
DISTRICT 84 (legibility & proper support will increase speed of reimbursement)			
Date of Request:		Full Name of Person Submitting Request:	
Position:		Check payable to and mailing address:	
Club Name:			
Division:			
Club No.:			
E-mail:			
* * * * * Signature: _____ * * * * *			
<p>Reimbursement of any expense on behalf of the District 84 <u>must</u> make use of a District 84 voucher AND include proper receipts.</p> <ol style="list-style-type: none"> Return this form <i>along with</i> attached receipts to the District 84 Treasurer (address below). Any receipts smaller than 8½ inch by 11inch must be taped to 8½x11 paper. All 8½x11 pages must be stapled together behind this reimbursement voucher. <u>Sign this voucher.</u> The Treasurer will regularly meet with the District Governor. Upon reviewing and approving the voucher, the District Treasurer will have the OK to pay. District Treasurer will mail payment within 7 days of approval of voucher by District Governor. <p>Mail Form with Receipts to: Kathy Emerson, ATMS/AL District 84 Treasurer PO Box 510472 Melbourne Beach, FL 32951-0472</p>			
District Governor's Approval: _____ <div style="text-align: center;">(Signature)</div>			
Expense Category	Expense Date	Amount	Description
2/3b-1. Supplies purchased from TI		\$	
2/3b-2. Other Supplies		\$	
2/3b-3. Programs & Printing		\$	
2/3b-4. Audio Visual Equipment		\$	
2/3b-5. Hotel Meeting Room Expense		\$	
2/3b-6. Awards, Certificates, etc.		\$	
2/3b-7. Postage		\$	
2/3b-8. Meal Expense		\$	
2/3b-9. Other (provide full explanation)		\$	
Total		\$	

internal use only:

check no. _____ date mailed _____

(Treasurer's Signature)

Thank you for all YOU do to make District 84 NUMBER 1 in the WORLD!

"Together We Can"