Zonta International District 2
Expense Voucher

NAME: _____ TITLE: _____

ADDRESS: _____ DATE(S) OF EXPENSE: _____

_____

PURPOSE OF EXPENSE: _____

_____

_____

Auto Mileage:	US	0.35 per mile		_____	x	$ _____
	CANADA	0.35 per kilometer		_____	x	$ _____
Transportation (Bus, Train, Airfare, Taxis):						$ _____
Tolls:						$ _____
Hotel:						$ _____
Meals:	Breakfast	Lunch	Dinner	Per Day		$ _____
	$5	$8	$17	$30		$ _____
Printing:	_____					$ _____
Supplies:	_____					$ _____
Telephone, Fax:	_____					$ _____
Postage:	_____					$ _____
Other:	_____					$ _____
					Subtotal	$ _____
Circle Fund below for in-kind, if blank it will go to operating					Less: In Kind	$ _____

Jane M. Klausman **Membership** **Convention** **Conf/Seminar** **Operating**

Total Reimbursement Requested $ _____

(If payable to someone other than above) Payee: _____

_____ _____

Signature of Claimant Date

_____ _____

Signature of Governor Date

Note: Supporting Receips MUST be attached

FOR APPROVAL SEND TO GOVERNOR:
(2010-2012)

Sue Ann Cunliffe
45 Grover Street
Auburn, NY, 13021, USA.

Charge to Account _____

Date: _____ Check # _____

_____

Signature of Treasurer