

Indiana Elks Association Expense Voucher

General Information:

Name _____ Office, Committee, or Line Item _____
Date(s) you were away on official Elks Business _____
Purpose of trip(s) _____

Financial Details: (make additional copies or attached sheets as necessary)

Room Costs: (detail date, rate, # days, reason, etc.) \$ _____

Meal Costs: (detail date, # meals, etc.) \$ _____

Mileage: @ .30 per mile (detail date, location, reason for trip, total miles) \$ _____

Telephone: (detail) _____ \$ _____

Postage: _____ \$ _____

Printing: _____ \$ _____

Supplies: _____ \$ _____

Other: (specify) _____ \$ _____

Total Expenditures: \$ _____

***Receipts required for all expenses...document mileage.

I do hereby certify that the above listed expenditures were made by me, and that they said expenditures were exclusively for the benefit of the Indiana Elks Association. I do hereby further certify that I have not previously listed, nor will I list in the future, and of the above listed expenditures for reimbursement.

Name _____ Date _____ Title/Committee _____

Official Approval:

_____, Approving Officer Date _____

Administrative:

Check issued: _____ Check # _____ Check Amount \$ _____

_____, State Treasurer