

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 at .35 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 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, any of the above listed expenditures for reimbursement.

Name: _____ Date: _____ Title/Committee: _____

Official Approval:

_____, Approving Officer Date _____

Administrative

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

_____, State Treasurer