

# EXPENSE VOUCHER

## ROCKY MOUNTAIN DISTRICT Barbershop Harmony Society

DATE	DESCRIPTION and PURPOSE of EXPENSE	BUDGET CATEGORY (If Known)	AMOUNT
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>TOTAL CLAIM</b>			\$

**EXPENSE INCURRED BY:**

**APPROVED BY:**

Print Name (Please Print Legibly) \_\_\_\_\_ Date \_\_\_\_\_

Signature of RMD Officer \_\_\_\_\_ Date \_\_\_\_\_

Check Payable To \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

**--- For Treasurer's Use ---**

Date Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

Treasurer: \_\_\_\_\_

**NOTE:** As of 10/2013, RMD mileage is reimbursed at the rate of \$ .30/mile.

Attach receipts and other supporting documentation behind this form.