

EXPENSE VOUCHER

Rocky Mountain District - Barbershop Harmony Society

DATE	DESCRIPTION and PURPOSE of EXPENSE	BUDGET CATEGORY	AMOUNT
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL CLAIM			\$

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.