

# EXPENSE VOUCHER

**ROCKY MOUNTAIN DISTRICT  
Barbershop Harmony Society**

DATE	DESCRIPTION and PURPOSE of EXPENSE	Account Number	AMOUNT
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>TOTAL</b>			\$

**EXPENSE INCURRED BY:**

**APPROVED BY:**

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

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

Check Payable To OR Venmo name \_\_\_\_\_

Address \_\_\_\_\_

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

Signature \_\_\_\_\_

Phone \_\_\_\_\_

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

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

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

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

**NOTE:** As of April 2023, RMD mileage is reimbursed at the rate of \$ .35/

mile. Include receipts and other supporting documentation with this form.