

**VOUCHER FOR REIMBURSEMENT
BY DISTRICT 31
2008 - 2009**

Date of Request: ____/____/____ Check Payable To: _____

Full Name: _____ Mailing Address: _____

Position held: _____ Phone # _____

Reimbursement of any expense on behalf of the District must make use of this voucher.
It is your responsibility to maintain a copy of all reimbursement submitted.

- 1) Return this form with attached original receipts to the District Governor (address below),
- 2) Expenses will be categorized and authorized, and
- 3) District Governor will forward this voucher to the Treasurer for payment.

Absolutely NO Calls or Emails to the District Treasurer regarding reimbursements

Note: Toastmasters should submit their District Reimbursement Form within 30 days of the date the expenses were incurred. Expenses submitted beyond 30 but less than 45 days may be honored at the discretion of the DG.
All first half 2008 - 2009 Expenses must be turned in by January 15, 2009. NO Exceptions.
Second half of 2008 - 2009 Expenses must be submitted not later than July 10, 2009. NO Exceptions.

District Governor: Ariela T. Marshall, DTM

Address: 4 Royal Court
Franklin, MA 02038

District Governor's Approval: _____

Internal Use Only

<u>Type of Expense</u>	<u>Amount</u>	<u>Description</u>	<u>(Signature)</u>	<u>Budget Line</u>
				<u>Item No.</u>
Postage	\$ _____	_____	_____	_____
Telephone	\$ _____	_____	_____	_____
Travel	\$ _____	_____	_____	_____
Supplies	\$ _____	_____	_____	_____
Duplicating	\$ _____	_____	_____	_____
Other	\$ _____	_____	_____	_____
TOTAL	\$ _____			

Comments: _____

Internal Use Only

Check No: _____

Date Mailed: _____

Treasurer's Signature _____