

District 31 VOUCHER REIMBURSEMENT REQUEST FORM

2009-2010 "TAKE CENTER STAGE"

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

Full Name: _____ **Position held:** _____

Mailing Address: _____

Contact Number: _____

This Voucher Request form **MUST** be filled out for any District 31 Reimbursement Expenses.

- 1) Return this Voucher Form along with original receipts to the District Governor (address below),
- 2) Expenses will be Properly Categorized and Authorized.
- 3) Once all Expense requests are approved by the District 31 Governor –
The District Treasurer will send reimbursement check. (Please keep ALL copies for you records).

Note: Toastmasters **MUST** submit District Reimbursement Forms within **30 days** of the date the expenses incurred.

July 1, 2009 – December 30, 2009 Final Expenses must be submitted by January 15, 2010
January 1, 2010 – June 30, 2010 Final Expenses must be submitted by June 30, 2010

District Governor: Sherri Raftery DTM

Address: 77 Newhall Ave, Suite 301 Saugus, MA 01906

Phone: 781-233-9134 h 978-235-2035 C

<u>Type of Expense</u>	<u>Amount</u>	<u>Description</u>	<small>Internal Use Only</small>
			<u>Budget Line</u>
			<u>Item No.</u>
Postage	\$ _____	_____	
Telephone	\$ _____	_____	
Travel	\$ _____	_____	
Supplies	\$ _____	_____	
Duplicating	\$ _____	_____	
Other	\$ _____	_____	
TOTAL	\$ _____	_____	
Comments:		_____	

Internal Use Only

District Governor's Signature: _____

Check No: _____

Treasurer's Signature: _____

Date Mailed: _____