	ee Expense Vouch	er				
Please ched	ck one:		FOR TREASURER USE ONLY:	Bank Acct:	Donated Amount:	
Fall Retreat Distr		District Convention	Check # or GJ #	Trans Date:	Check Amount:	
Winter Getaway Helpshops						
Please enter the expenses below and total at the bottom.			Complete all fields:	plete all fields: Date Incurred:		
Attach all rece Committee	eipts to this voucher. Mileage Rooms	\$ \$	Pay to:			
	Meals	\$	Address:			
	Supplies/Miscellaneous Printing/Mailing/Publicit Ushers	\$	City:		Zip:	
	Osileis	Ψ	Payee Phone:			
Speakers	Travel Rooms/Meals	\$ \$				
Fees  Deaf Interpreters		\$ \$	All Mileage Reimbursements must include a meeting place & purpose Meeting place:			
		\$ \$		Purpose:Miles Roundtrip x .30 = \$		
	Room Charges Meals & Snacks	\$ \$	PLEASE KEEP	A COPY OF THIS VOUCHER FOR YOUR RECORDS.		
Music/Worship (musicians & supplies) Servant Events		\$ \$ \$ \$	The LWML reimburses at 30 cents per mile. Per the IRS, the mileage rate for charitable organizations is 14 cents. You must report this difference as income on your personal tax return.			
		\$ \$	Submitted by:		Date:	
		\$ \$	Approved by: Chairman/	Co-Chairman	Date:	
Total Expense		\$	All vouchers an	d requests for payme	nt must first be given or	
	Donated Amount	\$			r signature and approval.	
	Check Amount	\$			Rev. 7/2022	