

Voucher for Reimbursement by District _____

Date of Request: _____ / _____ / _____ Check Payable to: _____

Full Name: _____ Mailing Address: _____

Position Held: _____

1. Return this form with attached receipts to the district governor (address below).
2. Categorize and authorize the expenses, and
3. The district governor will forward this voucher to the treasurer for payment.

**NOTE: Vouchers received by the 15th of the month will be paid on the first Monday of the following month.
If you have any questions, please contact districtfinancialquestions@toastmasters.org.**

District Governor: _____

Address: _____

District Governor's Approval: _____
SIGNATURE

TYPE OF EXPENSE	AMOUNT	DESCRIPTION	<i>Internal Use Only</i>
			BUDGET LINE ITEM NO.
Postage	\$ _____	_____	_____
Telephone	\$ _____	_____	_____
Travel	\$ _____	_____	_____
Supplies	\$ _____	_____	_____
Copier	\$ _____	_____	_____
Printing	\$ _____	_____	_____
Typesetting	\$ _____	_____	_____
Other	\$ _____	_____	_____
TOTAL	\$ _____	_____	_____

Treasurer's Signature _____

Check No.: _____

Date Mailed: _____