Seneca Land District Expense Voucher

Name/Office: **_____

Address: _____

City/State/Zip: _____

(** please be sure to include signature below)

Date	Destination / Reason	Mileage @ $.20/mi.	Tolls/ Parking	Lodging	Meals	Postage	Phone Calls	Other * explain below
	Totals	+	+	+	+	+	+	

TOTAL EXPENSES	$

**

District President's Signature _____

District Officer's Signature _____

Date Sent to D.P. _____

Date Rec'd. _____

Date Sent to Treasurer _____

District Treasurer's Signature _____

Date Rec'd. _____

*per above: _____

Check No. _____

Date Check Mailed _____