

# EXPENSE VOUCHER

## Kentucky Extension Homemakers Association

### For Treasurers Use Only

Date Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Board Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Make Check Payable to:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_ (Please attach receipts of expenses)

**Brief Explanation of Expense:** \_\_\_\_\_

### **Expense Category:**

\$ \_\_\_\_\_ Dues (Circle one: CWC ACWW NVON Other: \_\_\_\_\_)

\$ \_\_\_\_\_ Program of Work: \_\_\_\_\_ Chairperson

\$ \_\_\_\_\_ Memorial Fund (In memoriam of: \_\_\_\_\_)

\$ \_\_\_\_\_ New Board Member Orientation

\$ \_\_\_\_\_ Executive Committee (Specify officer budget: \_\_\_\_\_)

\$ \_\_\_\_\_ Board Travel to Area Meetings

\$ \_\_\_\_\_ Board Expense (Circle one: Fall Spring State Meeting)

\$ \_\_\_\_\_ NVON Registration

\$ \_\_\_\_\_ Archives

\$ \_\_\_\_\_ Insurance & Taxes (Specify: \_\_\_\_\_)

\$ \_\_\_\_\_ Public Relations (Specify: \_\_\_\_\_)

\$ \_\_\_\_\_ Outside Organizations (Specify: \_\_\_\_\_)

\$ \_\_\_\_\_ Development Grant (Recipient: \_\_\_\_\_)

\$ \_\_\_\_\_ Other: \_\_\_\_\_

### **If the expense above includes travel, please provide the following details.**

Date of departure: \_\_\_\_\_ Date of return: \_\_\_\_\_

Mileage: \_\_\_\_\_ miles at \$.50 per mile = \$ \_\_\_\_\_ Lodging: \$ \_\_\_\_\_

Number of meals: \_\_\_\_\_ Total Meal Expense: \$ \_\_\_\_\_ (Not to exceed \$30 per day)

Parking fees: \$ \_\_\_\_\_ Air Fare: \$ \_\_\_\_\_ Taxi or ground transportation: \$ \_\_\_\_\_

All expense vouchers must be filed with the treasurer within 60 days after the expense occurs.

Checks will be cut as vouchers are received or twice a month unless otherwise notified.

***Please double-check your math and retain a copy for your records.***