

THE KIWANIS CAL-NEV-HA FOUNDATION

550 Fesler Street, Suite G-3, El Cajon, CA 92020-1959

Telephone: (619) 749-7290, ext. 116 FAX: (619) 938-3855

EXPENSE VOUCHER

Name of Event or Committee & Dates: _____

I request reimbursement. Approved by: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

I wish to contribute this expense to the Foundation.
Please send a receipt for tax purposes to the address below:

<u>ITEM</u>	<u>AMOUNT</u>	<u>ACCT.</u>
Mileage _____ @ \$0.44/mile (Round Trip)	\$ _____	_____
Travel Expenses (Airfare, Ground, Etc.)	\$ _____	_____
Hotel	\$ _____	_____
Other: _____	\$ _____	_____

TOTAL: \$ 100.00 (Maximum)

**RECEIPTS MUST BE ATTACHED FOR EXPENSE OTHER
THAN MILEAGE.**

Signature: _____ Date: _____