EXPENSE VOUCHER Nebraska-lowa Kiwanis District



Name:	Date Sent:
Address/State/Zip:	
Reason for expense (such as: official visit, org	anize new club, charter meeting, council meeting,
raining):	
Date expense incurred:	
	NT OF EXPENSES
<u>Please attach receipts</u> to support the items list	•
Round-trip auto miles to the following (clu	bs, presentations, training, conventions,):
Location	Date Visited Miles (2-way)
	Total miles:
Auto miles expense (Total miles x \$.35 per mi	ile)
1 • 0	\$
Hotel, number of days:	
Meals, number:	\$
	\$
	\$
Tips:	\$
DI /6 /T /	\$
	\$
	Φ.
Miscellaneous (itemize):	
	Φ.
	ф
	\$\$
Signature: Digital Signature Accepted	Total: \$
Date Paid:	E-Mail to
Check #:	NIKiwanisDistrictEvnense@gmail.co

Rev 10/02/2023 Mileage rate effective 3/1/08

N1KiwanisDistrictExpense@gmail.com