

**Zonta International District 2
Expense Reimbursement & Invoice Payment Voucher**

Name: _____ Title/Position: _____
 Address: _____ Date Submitted: _____
 Purpose of Voucher: Reimbursement Payment of Invoice
 Description: _____

PAYMENT OF INVOICE: Attach Original Invoice

I certify this invoice is a valid expense of ZI District 2 [Check Box]

Payable to: Name: _____
 Address: _____
 Amount: \$ _____

REIMBURSEMENT FOR PERSONAL EXPENDITURE

Travel:

Auto Mileage: \$0.14/mile x _____ miles \$ _____
 Other Transportation: (Bus, Train, Air, Taxi) \$ _____
 Meals:
 Breakfast: \$5 x _____ \$ _____
 Lunch: \$8 x _____ \$ _____
 Dinner: \$17 x _____ \$ _____
 Per Day: \$30 x _____ \$ _____

General Expenses:

Printing _____ \$ _____
 Supplies _____ \$ _____
 Telephone/Fax _____ \$ _____
 Postage _____ \$ _____
 Other _____ \$ _____

SUBTOTAL \$ _____

IN KIND DONATIONS: Less In-Kind \$ _____

Jane M. Klausman Membership Convention Conf/Seminar Operating

If unchecked: Will be placed in Operating Fund

Signature of Claimant/Invoice Approver _____ Date _____

Signature of Governor _____ Date _____

Original Receipts/Invoices Must Be Attached

ZID2 Treasurer Signature: _____ Date: _____

Charge to Account: _____ Check #: _____