OH2 LIONS Expense Voucher

| Date: | | | ivieet | :ing: | | | | |
|---------------------------|------------------|----------|--|----------|------------------|-----------|-------------|----------------|
| | | | (or Cabinet Position) | | | | | |
| Any vouche | r over 60 days c | old must | first be ap | proved b | y the Gov | ernor. | | |
| Date | Club/City | Miles | \$.50/mi | *Hotel | *Phone | *Postage | **Misc | Total |
| | | | | | | | | \$ |
| | | | | | | | | \$ \$ \$ |
| | | | | | | | | \$ |
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| -11 | | | | | | | TOTAL | \$ |
| **Explan | ation Here – I | Receip | ts Requir | ed | | | | |
| | | | | | | | | |
| *55555 | | | | | | | | |
| *RECEIPTS | REQUIRED | | | | | | | |
| Please prir | nt name | | The pe | rson sig | ning this | voucher a | attests tha | at |
| (and address if required) | | | he/she has personally incurred the expenses listed | | | | | |
| • | • | • | above. | • | , | | • | |
| | | | | | | | | |
| | | /\/ | | | | | | |
| | | | | | (Your signature) | | | |
| City | State Zi | n | | | | | | |
| City | State Zi | þ | | | | | | |
| | | Appr | oved by: | PΓ | PDGA | | | |
| | | | | CT | Г | | | |
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NO CHECK WILL BE PRINTED UNTIL APPROVED – see other side for Rules of Audit

LIONS OF OHIO

RULES OF AUDIT

- 1. Hotel: Receipt Bill required Maximum allowance single rate, \$75.00 per day.
- 2. Automobile Mileage: \$.25 per mile all expenses of travel included in this figure.
- 3. Meals: Meals are not reimbursed.
- 4. Telephone Tolls: Showing person called claims must be itemized.
- 5. Postage: Reasonable amount allowed.
- 6. Expenses pertaining to a convention: Will be allowed only on authorization of the Governor.
- 7. Any claim delayed more than 60 days must be approved by the District Cabinet or PGA Association, whichever is involved.
- 8. All Miscellaneous expenses of any type must be approved by the Governor or head of the association/zone, and Multiple District Treasurer before a check can be issued