**ZONTA DISTRICT 11 EXPENSE VOUCHER**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Voucher No. | | | | | | | | | |  | | | | | | | |  | |
| (Filled in by Treasurer) | | | | | | | | | | | | | | | | | |  | |
| Submitted by | | | |  | | | | | | | | | | | | | | | | | | | Title | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |
| Expenses incurred for: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Commercial Transportation: | | | | | | | | | Air Fare $ | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | Bus/Taxi $ | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | = | | | | |  | | | | | |
| Mileage: | | | Number of miles | | | | | | | |  | | | | | | X | | $ | | | | |  | | | | | | | | | per mile | | | | | | | = | | | | |  | | | | | |
| Dates: | | | | |  | | | | |  | | |  | | | | |  | |  | | | | | | | | |  |  | | | | | | | | |  |  | | | |  | | | | | | |
| Daily Totals | | | | $ |  | | | | | $ | | |  | | | | | $ | |  | | | | | | | | | $ |  | | | | | | | | | $ |  | | | |  | | | | | | |
| Lodging | | | | $ |  | | | | | $ | | |  | | | | | $ | |  | | | | | | | | | $ |  | | | | | | | | | $ |  | | | | = |  | | | | | |
| Meals \*\* | | | | $ |  | | | | | $ | | |  | | | | | $ | |  | | | | | | | | | $ |  | | | | | | | | | $ |  | | | | = |  | | | | | |
| Tips: | | | | $ |  | | | | | $ | | |  | | | | | $ | |  | | | | | | | | | $ |  | | | | | | | | | $ |  | | | | = |  | | | | | |
| Tolls: | | | | $ |  | | | | | $ | | |  | | | | | $ | |  | | | | | | | | | $ |  | | | | | | | | | $ |  | | | | = |  | | | | | |
| Telephone: | | | | $ |  | | | | | $ | | |  | | | | | $ | |  | | | | | | | | | $ |  | | | | | | | | | $ |  | | | | = |  | | | | | |
| Postage: | | | | $ |  | | | | | $ | | |  | | | | | $ | |  | | | | | | | | | $ |  | | | | | | | | | $ |  | | | | = |  | | | | | |
| Miscellaneous: (Itemize) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | = |  | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | = |  | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | = |  | | | | | |
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|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | = |  | | | | | |
|  | | | | | | | **GRAND TOTAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | = | $ | |  | | | |
| \*\* Meals: (Actual expenses up to maximum allowable of $50.00 per day) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | |  | | | | | | |
| **~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Treasurer’s Records** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check the category that these expenses are for. (Note: If there are for more than one category then code them above. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Unrestricted operating fund | | | | | | | | | |  | | District Conference | | | | | | | | | | | | | ( | | | | | R | |  | | | U) | | |  | | Restricted Field Service reserve | | | | | | | | |
|  | Restricted Organization & Extension reserve | | | | | | | | | | | | | | | | | | | |  | | | | Restricted Rosa E. Fiol reserve | | | | | | | | | | | | | | | | | |  | | |
| Check No. | | |  | | | | | | | | | | | | Date | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | Approved | | | | | | | |  | Yes | | | | | |  | | | | No | | | |  | | | | | | Partial | | | | | | | | | | | | | | |
| Amount charged: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | $ |  | | | | | | | | | | | | | | | Partial Amount | | | | | | | | | | | | $ | | |  | | | | | | | | | |  | |  |
|  | | | | | | | $ |  | | | | | | | | | | | | | | | Reason | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | |  | |
| Treasurer’s Signature (Governor approved) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | | | | | | | | | | |

Effective date: 1/1/2020

**DISTRICT 11 POLICY**

**ON**

**REIMBURSEMENT OF EXPENSES FOR ZONTA BUSINESS**

Reimbursement should be requested on a district voucher submitted with appropriate back-up

data to the Treasurer. Vouchers will be sent to the Governor for final approval. Reimbursements will be

as follows:

**MEALS** **Actual expenses incurred**, up to the maximum amount allowable.

Tips will be claimed separately. Alcoholic beverages are **NOT** reimbursable. RECEIPTS ARE NOT REQUIRED.

Maximum Amount: **$50.00/day**

**LODGING Actual expenses incurred** (room rate plus sales tax) RECEIPT REQUIRED

**TRANSPORTATION** Commercial transportation (air fare, taxi fare, bus fare)

**Actual expenses incurred**; RECEIPT REQUIIRED IF AMOUNT EXCEEDS $25.00

**Mileage** (in lieu of commercial transportation) IRS standard mile rate per mile less stipulated depreciation per mile, round trip.

RECEIPTS NOT REQUIRED.

**TOLLS/TIPS**  **Actual expenses incurred.**

RECEIPT REQUIRED IF AMOUNT EXCEEDS $25.00.

**TELEPHONE** **Actual expenses incurred** for Zonta business. For amounts exceeding $25.00, a copy of the phone bill or a “log” containing pertinent information is required.

**POSTAGE** **Actual expenses incurred;** RECEIPT REQUIRED IF AMOUNT EXCEEDS $32.00.

**OVERNIGHT** **Actual expenses incurred**; RECEIPT REQUIRED FOR EACH

**DELIVERY SERVICE** OCCURRENCE.

**MISCELLANEOUS Actual expenses incurred;** description of item/service required;

RECEIPT REQUIRED IF AMOUNT EXCEEDS $25.00.

Note: To ensure prompt payment, attach all necessary back-up information to the voucher.

It is not necessary to wait until you have several vouchers before submitting them.

Reimbursements will be made as vouchers are received.

Effective date: 1/1/2020