

VOUCHER FOR REIMBURSEMENT DISTRICT 52

Date of Request ____/____/____ (Please print legibly)

Check Payable to: _____ (Use full name)

Mailing Address: _____

Position held: _____

Reimbursement of any expense on behalf of the District SHALL use this voucher. Attach receipts neatly to a separate sheet of paper. Vouchers without receipts will not be processed, in accordance with TI policy.

- 1) Return this completed form with attached receipts to the District Treasurer:
Pat O'Donnell, ACS/AL, 11034 White Oak Avenue, Granada Hills, CA 91344
- 2) The expenses will be categorized, authorized and reviewed with the District Governor for approval.
- 3) The District Governor upon approval of this voucher, will forward to the Treasurer for payment.

Note: In accordance with TI policy, please allow a minimum of 15 business days for processing and approval. For example, vouchers received by the 15th of the month, may be paid on the first Monday of the following month.

District Governor's Approval _____
(Signature)

(Alternate approval by Lt. Governor in behalf of the District Governor required for reimbursement)

			Internal Use Only
Type of Expense	Amount	Description of Expense	Budget Line Item No.
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
TOTAL	\$		

Treasurer's Signature:	<i>For Internal Use Only</i>
	Check No:
	Date Mailed: