

VOUCHER FOR REIMBURSEMENT DISTRICT 52

Date of Request: _____ (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:

Bill Moon
4215 Vineland Ave. #3
Studio City, CA 91602

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.

(Signature)

District Governor's Approval _____

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: