



SWONT DISTRICT EXPENSE FORM 2016-2017

NAME / POSITION (please print) _____

I hereby certify that I have incurred the following expenses in meeting the responsibilities of my office and request reimbursement by the District Secretary-Treasurer within the provisions of the budget and available funds.

_____ signature _____ date

CLUB VISITATION REPORT ENCLOSED

INDICATE NATURE AND PURPOSE OF EXPENSE: _____

ITEM DESCRIPTION	AMOUNT
<i>Please attach paid invoices where possible (note: registration is not a valid expense)</i>	
SUB TOTAL 'A'	

TRAVEL *If your reimbursement is for travel, indicate the following*

DATE	FROM	TO	KILOMETERS	less 20km	AMOUNT @ \$0.25/KM
for a return trip, deduct 20km each way					SUB TOTAL 'B'

APPROVED: _____ TOTAL (ADD 'A' + 'B')

_____ GOVERNOR'S SIGNATURE _____ DATE _____ #

TO BE COMPLETED BY SWONT DISTRICT SECRETARY-TREASURER

BUDGET ACCT #	DESCRIPTION	AMOUNT	CHQ No.

_____ SIGNATURE OF DISTRICT SECRETARY-TREASURER _____ DATE _____