

EXPENSE VOUCHER

Kentucky Extension Homemakers Association

For Treasurers Use Only

Date Paid: _____

Check Number: _____

Amount Paid: \$ _____

Submitted by: _____ Date: _____

Board Position: _____

Phone Number: _____ Email Address: _____

Make Check Payable to: Name: _____

Address: _____

Total Amount Requested: \$ _____ (Please attach receipts of expenses)

Brief Explanation of Expense: _____

Expense Category:

\$ _____ Dues (Circle one: CWC ACWW NVON Other: _____)

\$ _____ Program of Work: _____ Chairperson

\$ _____ Memorial Fund (In memoriam of: _____)

\$ _____ New Board Member Orientation

\$ _____ Executive Committee (Specify officer budget: _____)

\$ _____ Board Travel to Area Meetings

\$ _____ Board Expense (Circle one: Fall Spring State Meeting)

\$ _____ NVON Registration

\$ _____ Archives

\$ _____ Insurance & Taxes (Specify: _____)

\$ _____ Public Relations (Specify: _____)

\$ _____ Outside Organizations (Specify: _____)

\$ _____ Development Grant (Recipient: _____)

\$ _____ Other: _____

If the expense above includes travel, please provide the following details.

Date of departure: _____ Date of return: _____

Mileage: _____ miles at \$.50 per mile = \$ _____ Lodging: \$ _____

Number of meals: _____ Total Meal Expense: \$ _____ (Not to exceed \$30 per day)

Parking fees: \$ _____ Air Fare: \$ _____ Taxi or ground transportation: \$ _____

All expense vouchers must be filed with the treasurer within 60 days after the expense occurs.

Checks will be cut as vouchers are received or twice a month unless otherwise notified.

Please double-check your math and retain a copy for your records.