Central Ontario District

Expense Voucher

I hereby certify that I have incurred the following expenditures in meeting the responsibilities of my office and request reimbursement

Date: _____ Payee: _____

Indicate nature and purpose of expense: _____

Items (Attach invoice)	Amount
	$

IF REIMBURSEMENT FOR TRAVEL, INDICATE THE FOLLOWING

Date	From	To	km	Amount-0.15 per km

Total Expenses $

Budget Account Charged to _____ Cheque No. _____

Date _____ Approved & Issued by: _____

Treasurer

Revised October 12, 2005