michigan district of civitan international, inc.

TRAVEL VOUCHER

Name _____

Address _____

City _____ Zip _____

Month of _____

Office held _____

_____

Date	Description of Expense	Amount	Office Use GL No.
		Total	

FOR DISTRICT OFFICE USE ONLY

		Account #	Amount
			Total

I HEREBY CERTIFY that this claim is correct and reimbursable under regulations set forth in the District Policies.

SIGNED: _____
Traveler's Signature

DATE: _____

APPROVED BY:

_____
Governor

_____
Treasurer

MAIL BOTH COPIES TO GOVERNOR AT END OF EACH MONTH

AFTER 5th OF MONTH A 10% PENALTY