



Zonta International – District 12 EXPENSE REIMBURSEMENT FORM

DISTRICT USE ONLY

Expense Report No: _____
 Reimb. Check No: _____
 Date: _____
 Amount: _____

NAME: _____ PHONE: _____

ADDRESS: _____

OFFICE/COMMITTEE: _____

REASON FOR EXPENSE: _____

DATE: _____

	<u>TOTAL</u>	<u>DONATED</u>	<u>REQUEST</u>	<u>REIMBURSEMENT</u>	
TRAVEL EXPENSE:					<u>Acct. Chg'd*</u>
Destination: _____ Miles ____ @ .35 \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____
Destination: _____ Miles ____ @ .35 \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____
Destination: _____ Miles ____ @ .35 \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____
Lodging: _____	\$ _____	\$ _____	\$ _____	\$ _____	_____
Meals: _____	\$ _____	\$ _____	\$ _____	\$ _____	_____
TOTAL TRAVEL EXPENSE REIMBURSEMENT REQUESTED				\$ _____	

ADMINISTRATIVE EXPENSES:

Postage _____	\$ _____	\$ _____	\$ _____	\$ _____	_____
Supplies _____	\$ _____	\$ _____	\$ _____	\$ _____	_____
Copies _____	\$ _____	\$ _____	\$ _____	\$ _____	_____
Other _____	\$ _____	\$ _____	\$ _____	\$ _____	_____
Long Distance phone charges _____	\$ _____	\$ _____	\$ _____	\$ _____	_____
TOTAL ADMINISTRATIVE EXPENSE REIMBURSEMENT REQUESTED				\$ _____	

TOTAL REQUEST FOR REIMBURSEMENT** **\$ _____**

- * Acct Chg'd is for District Treasurer's Use
- ** Please attach receipts for all expenses except mileage

Submitted By: _____ Date: _____

Approved By: _____ Date: _____

Send receipts & expense form to:
 Deedee Boysen, **Governor, Zonta Int'l District 12**
 Ph: (307) 760-3248
 Fax:
 e-mail: boysen.deedee@gmail.com