PALOMAR DISTRICT EXPENDITURE VOUCHER

CHECK INFORMATION

Check Payable to			
Mail check to (Name)			
Address			
City		**Zip**	

PURPOSE & AMOUNT (s)

Purpose (Description)	**Amount**
	$
	$
	$
	$
	$
	$
	$
TOTAL	$

PAYMENT REQUESTED BY:

_____**(Signature)**

_____**(Your Position (VP, Chairman, Amenities, etc.)**

Attach Receipts- If no receipts, please indicate reason. Please submit request for reimbursement within 30 days of event.

****Mail this voucher, along with receipts to the District Treasurer.
Carole May 1021 S. Clementine St. Oceanside, CA 92054

FOR DISTRICT USE ONLY:

Date Paid	
Check Number	
Amount	**$**

Rev. 7/21/2026