

## PALOMAR DISTRICT EXPENDITURE VOUCHER

### CHECK INFORMATION

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

### PURPOSE & AMOUNT (s)

Purpose (Description)	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL</b>	<b>\$</b>

### PAYMENT REQUESTED BY:

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Your Position (VP, Chairman, Amenities, etc.))

Attach Receipts- If no receipts, please indicate reason.

\*\*\*\*Mail this voucher, along with receipts to the District Treasurer. Please submit request for reimbursement within 30 days of event.

### FOR DISTRICT USE ONLY:

Date Paid	
Check Number	
Amount	\$