

DISTRICT 30 - TRUSTED SERVANTS EXPENSE REPORT

(Supporting bills, receipts, and invoices must be attached for reimbursement)

Service From : _____ To: _____

Name: _____ Position: _____

Address: _____ Phone: _____

City and Zip: _____

Please write a brief explanation of expense: _____ (Use back of sheet if needed)

Lodging _____ \$ _____

Meals _____ \$ _____

Supplies _____ \$ _____

Telephone _____ \$ _____

Registration Fees _____ \$ _____

Mileage @ \$.44/mile _____ \$ _____

Other Expense _____ \$ _____

TOTAL _____ \$ _____

Mileage Detail:

Date: _____ From: _____ To: _____ Miles Round Trip _____

Advanced Checks or Petty Cash issued:

CK# Date Payee/Purpose _____ \$ _____

_____ \$ _____

_____ \$ _____

Signature: _____ Date: _____

Mail to: District 30, P. O. Box 43, Murphys, CA. 95247, or give to Treasurer

Date Rec'd: _____ Date Paid: _____ Check# _____