

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 @ \$.725/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# _____