

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# _____