**MEETING EXPENSE VOUCHER**

**IOWA DISTRICT EAST**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | |  | | | |
| Committee/Event | | |  | | | Date | | | |
|  | |  | |  | | | | | |
| **Name:** | |  | | \_\_\_\_\_\_\_\_\_\_\_ Miles @ $.52 = \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Address:** | |  | | **Meals/Other:** |  | | | | |
| **City & ZIP:** | |  | | **Sub-Pay Amount:** | | | |  | |
|  | |  | | **School/Preschool:** | | | |  | |
|  | Please contribute this amount to  ***District Missions*** on my behalf. | | | **TOTAL EXPENSE:** | | |  | | |
|  | | | | | | | | | |
| **Name:** | |  | | \_\_\_\_\_\_\_\_\_\_\_ Miles @ $.52 = \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Address:** | |  | | **Meals/Other:** |  | | | | |
| **City & ZIP:** | |  | | **Sub-Pay Amount:** | | | |  | |
|  | |  | | **School/Preschool:** | | | |  | |
|  | Please contribute this amount to  ***District Missions*** on my behalf. | | | **TOTAL EXPENSE:** | | |  | | |
|  | | | | | | | | | |
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| **Address:** | |  | | **Meals/Other:** |  | | | | |
| **City & ZIP:** | |  | | **Sub-Pay Amount:** | | | |  | |
|  | |  | | **School/Preschool:** | | | | |  |
|  | Please contribute this amount to  ***District Missions*** on my behalf. | | | **TOTAL EXPENSE:** | | |  | | |
|  | | | | | | | | | |
| **Name:** | |  | | \_\_\_\_\_\_\_\_\_\_\_\_ Miles @ $.52 = \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Address:** | |  | | **Meals/Other:** |  | | | | |
| **City & ZIP:** | |  | | **Sub-Pay Amount:** | | | |  | |
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|  | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Charge to the account of:** | |  | **TOTAL:** | |  |
|  |  | |  |  | |
|  | *IDE Committee Representative Signature* | |  | *Title* | |
| **Approved:** |  | |  | | |
|  | *District President* | |  | | |