

SIR STATE GOLF COMMITTEE EXPENSE CLAIM VOUCHER

Mail claims w/receipts attached to: Mark Stuart 47 Townsend Ct. Roseville, CA 95678 (916)218-2287

Send by E Mail to: Mark Stuart <mss95678@hotmail.com>

Claimant: _____ Area: _____ Branch: _____

Address: _____

Street

City/State

Zip

EXPENSES: (check one)

Incurred for State Golf Committee

Other (specify):

MILEAGE:

At \$0.35 per mile

Date(s)	To	Purpose	Miles	Amount
				\$ -
				\$ -
				\$ -
				\$ -
Sub Total				\$ -

TELEPHONE:

Attach a copy of your telephone billing and indicate the party called.

Comments	No. Billings	Amount
Sub Total		\$ -

COPY OR PRINTING:

Comments	No. Receipts	Amount
Sub Total		\$ -

POSTAGE:

Comments	No. Receipts	Amount
Sub Total		\$ -

OTHER EXPENSES:

Comments	No. Receipts	Amount
Sub Total		\$ -

VOUCHER TOTAL **\$ -**

RECEIPTS ARE REQUIRED FOR ALL EXPENSES EXCEPT MILEAGE

I certify that the claimed expenses were incurred in the performance of authorized official business of Sons In Retirement

Date submitted: _____

Signed: _____

Approved: _____

Finance Committee Chairman

Approved: _____

Finance Committee Member

Paid: _____

Date

Check Number