

## **INSTRUCTIONS FOR PREPARATION OF D6 EXPENSE REIMBURSEMENT VOUCHER**

Since most District expenses will be covered by on-line banking, a mailing address must be shown on the reimbursement voucher.

The recommended way to complete this form is to download it, save it to your computer, insert your personal information, and save on your computer as a template for future, repeated use (perhaps call it Expense Template). After filling out your expenses you should then save it again with a unique identifying name. It will then be ready for electronic transmission to the Treasurer. When receipts are required they can be scanned in, or you can take a photo of your receipts. The form and digitized receipts can then be attached to your email to the Treasurer.

The completed voucher is emailed to the District 6 Treasurer at [treafgd6.p64@gmail.com](mailto:treafgd6.p64@gmail.com). Any written requests should be sent to: District 6 AFG, PMB #104, 18981 US Hwy 441, Mt. Dora, FL 32757. Upon receipt the Treasurer will disburse the funds in a timely fashion.

### **DISTRICT ALLOWABLE EXPENSES**

- Purchases of materials for the smooth operation of the District (Receipts required.)
- Roundtrip mileage for District activities is currently reimbursed at \$.405 per mile for Chairpersons and Panel Officers. (GR mileage expense is paid by their individual groups).
- Hospitality expenses incurred by the Hospitality Chairperson. (Receipts required)
- Some breakfast or lunch expenses, considered on an individual case basis, associated with District activities, e.g., work group or task force meetings. (Receipts required)

Direct any questions regarding reimbursement needs to the District 6 Treasurer at the above email address.

In Service,

Collin Y, Treasurer District 6 AFG

DISTRICT 6 AFG EXPENSE REIMBURSEMENT VOUCHER

DATE SUBMITTED : \_\_\_\_\_ NAME: \_\_\_\_\_

SERVICE POSITION: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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DATE: \_\_\_\_\_ REASON FOR EXPENSE: \_\_\_\_\_

LIST EXPENSES:	AMOUNT:
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____
8. _____	\$ _____
9. _____	\$ _____
10. _____	\$ _____
MILES: _____ RATE: _____	\$ _____

**TOTAL:** \$ \_\_\_\_\_

DATE PAID: \_\_\_\_\_

AMOUNT PAID: \$ \_\_\_\_\_

BUDGET CATEGORY: \_\_\_\_\_