



South Carolina Family and Community Leaders Expense Voucher

PERSON SUBMITTING EXPENSES _____

ADDRESS, CITY STATE & ZIP _____

OFFICE HELD _____

PAY TO _____

ADDRESS _____

All requests for reimbursement of expenses incurred by authorized SCFCL members shall be submitted to the president within 60 days of the expenditure or the claim will be declared null and void.

Please tape receipts for meals, lodging, and items or services purchased on back of this form.

Circle Budgeted Item	Briefly describe purchase	Amount
Awards/Certificates		\$ _____
Board Meetings		\$ _____
Bulk Mail Fee		\$ _____
DD-Central, Coastal, Foothills.....		\$ _____
Del-ACWW, CWC, NVON.....		\$ _____
Dues-ACWW, CWC, NVON.....		\$ _____
Education		\$ _____
Miscellaneous		\$ _____
News-Mailing.....		\$ _____
News-Printing.....		\$ _____
Of-Historian		\$ _____
Of-President.....		\$ _____
Of-Secretary.....		\$ _____
Of-Treasurer.....		\$ _____
Of-VP Program.....		\$ _____
Of-VP Pub Relations		\$ _____
Sales Items		\$ _____
SCFCL Handbook		\$ _____
Scholarship		\$ _____
State Conference		\$ _____
Treasurer Bond		\$ _____
Other _____		\$ _____

From _____ To _____
 Number of Miles _____ @ \$.35 mile \$ _____
 Bus \$ _____ Plane \$ _____ Fare \$ _____
 Lodging \$ _____
 Meals (Breakfast \$4, Lunch \$6, Dinner \$10) \$ _____
 Travel Expense charge to budget item _____

Total Reimbursement \$ _____

Date _____ Signature _____

Approved by President _____ Date _____

Paid by Treasurer - Check number _____ Date _____

***Send two (2) copies to the President**