



# 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.**

| <u>Circle</u> 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**