



South Carolina Family and Community Leaders

Expense Voucher

PERSON SUBMITTING EXPENSES _____

ADDRESS, CITY, STATE & ZIP _____

OFFICE HELD _____

PAY TO _____

ADDRESS, CITY, STATE & ZIP _____

Each authorized FCL member wishing for reimbursement shall submit a signed voucher with receipts within sixty days (longer than 60 days of the expenditure will be declared null and void); complete expense voucher in triplicate, attaching receipt(s) to the original; original with receipt(s) and one copy is sent to the SCFCL President for approval of payment. President approves and sends original with receipts to Treasurer for payment. The third copy is kept in the authorized member's files. Expenses for elected board members are designated in the budget. Reimbursement will not exceed the budgeted amount.

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 _____	_____	\$ _____
	Bulk Mail Fee _____	_____	\$ _____
	Delegates (ACWW, CWC, NVON) _____	_____	\$ _____
	District Directors (Central, Coastal, Foothills) _____	_____	\$ _____
	Dues (ACWW, CWC, NVON) _____	_____	\$ _____
	First Citizens Bank _____	_____	\$ _____
	General Fund _____	_____	\$ _____
	News-Mailing _____	_____	\$ _____
	News-Printing _____	_____	\$ _____
	President _____	_____	\$ _____
	President-Elect (when applicable) _____	_____	\$ _____
	Secretary _____	_____	\$ _____
	Treasurer _____	_____	\$ _____
	Treasurer-Elect (when applicable) _____	_____	\$ _____
	Vice President _____	_____	\$ _____
	4-H Scholarship _____	_____	\$ _____
	Sales _____	_____	\$ _____
	SCFCL Handbook/Postage _____	_____	\$ _____
	Treasurer Bond _____	_____	\$ _____
	Website _____	_____	\$ _____
	Other _____	_____	\$ _____

From _____ Number of Miles _____ @ \$.35/mile \$ _____
 To _____ Car \$ _____ 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 SCFCL President**