

HOSPITAL VOLUNTEERS OF KANSAS EXPENSE REPORT

NAME: _____ TITLE: _____

EXPENSE RECORD FROM: _____ THROUGH: _____

OFFICE:	TRAVEL	LODGING	POSTAGE	INK	SUPPLIES	PRINTING	ROSTER	MISC	SUN FLOWER	DISTRICT MTGS	STATE MTG	TOTAL OF ALL COLUMNS
PRESIDENT												
PRES-ELECT												
RECORDING SEC												
MEMBERSHIP SEC												
TREASURER												
DIST. COORD												
PAST PRES												
EDITOR												
LEG CHAIR												
CONV CHAIR												
CONV CO-CHAIR												
PARLIMENTARIAN												
MEMBER AT LARGE												
TOTALS												

Reminder: We are allowed \$55.00 for lodging with copy of the billing Please add all colums down and across

MILEAGE REPORT WORKSHEET BELOW ***Transfer Total \$\$ to Travel Comunn above

PURPOSE OF TRAVEL	FROM	TO	TOTAL MILES	REIMB RATE X.655@ MILE 1- 1-2023	TOTAL \$\$ REQUESTED
				X.655 @ MILE	
				X.655 @ MILE	
				X.655 @ MILE	
				X.655 @ MILE	
				X.655 @ MILE	
				X.655 @ MILE	

Signature _____ Total Amount Requested _____ Date _____

Authorized payment _____ President Amount Paid _____ Ck# _____ Date _____ Verified _____