

# 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 columns down and across

**MILEAGE REPORT WORKSHEET BELOW**

**\*\*\*Transfer Total \$\$ to Travel Column above**

PURPOSE OF TRAVEL	FROM	TO	TOTAL MILES	REIMB RATE X.70 @ MILE 1-1-2025	TOTAL \$\$ REQUESTED
				X.70 @ MILE	
				X.70 @ MILE	
				X.70 @ MILE	
				X.70 @ MILE	
				X.70 @ MILE	
				X.70 @ MILE	

Signature \_\_\_\_\_ Total Amount Requested \_\_\_\_\_ Date \_\_\_\_\_

Authorized payment \_\_\_\_\_ President Amount Paid \_\_\_\_\_ Ck# \_\_\_\_\_ Date \_\_\_\_\_ Verified \_\_\_\_\_