

**EXPENSE / REIMBURSEMENT VOUCHER
Mount 'n Shore Region 24**

Voucher # _____
(Assigned by FC)

Name:	Home Phone
Address:	Email:
City/State/Zip	
Regional Event:	Coordinator to Approve:
Please use separate voucher for each event.	

	Account Number	Date(s)				Total
1		Per Diem				
2		Lodging				
3		Transportation				
4		Registration				
5		Supplies				
6						
7						
8						
9						
10						
		Column Total				
		Approved Amount				

Total Approved Reimbursement	
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Line #	Explanation of Charges

Instructions:

- Per diem is \$35.00
- Lodging is actual cost up to one/half double room.
- Transportation includes airfare or mileage @ \$0.55/mile, airport parking, shuttle and cab fares.

Total all columns, both horizontally and vertically. Provide explanations where necessary. Submit voucher and receipts to appropriate Region 24 **Coordinator** for review, approval amount and signature.

Coordinator: Submit to Region 24 **Finance Coordinator** for review and reimbursement. ***

Budget: Check One	General	Event:	RCT
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Coordinator Signature	Date
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*** Submit to 2432 Bodily Cir, Idaho Falls, ID 83401 with appropriate receipts attached **OR** scan receipts and e-mail with voucher to: laserpro@cablone.net

Date Pd	Ck #	Posted	Copy to:	Copy to:	Copy to:
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