Print Save Reset

Founder Region Fellowship Expense Voucher

Date: _____

Name: _____

Address: _____ Position/Title: _____

Date	Description of Expense	Rideshare or Public Trans	Transportation or Mileage $.45/mile	Meals	Lodging	Other	Total
			$ 0.00				**$ 0.00**
			$ 0.00				**$ 0.00**
			$ 0.00				**$ 0.00**
			$ 0.00				**$ 0.00**
			$ 0.00				**$ 0.00**
			$ 0.00				**$ 0.00**
			$ 0.00				**$ 0.00**
			$ 0.00				**$ 0.00**
			$ 0.00				**$ 0.00**
			$ 0.00				**$ 0.00**
			$ 0.00				**$ 0.00**
			$ 0.00				**$ 0.00**
			$ 0.00				**$ 0.00**
			$ 0.00				**$ 0.00**

ACCT NO.	Amount	Description/Notes

TOTAL EXPENSES (Receipts must be included)	**$ 0.00**
LESS EXPENSES DONATED TO FELLOWSHIP	
BALANCE DUE	**$ 0.00**

Vouchers with receipts are emailed to: Fellowship President Vicki Ham vickiham01@gmail.com or sent by mail to: 22970 Davis Ln., Willits, CA 95490

Signed:

Approved: Date:

Total Coded $ 0.00 Should match 'Total Expenses' (above right)

Revised Aug 2022