

HOSPITAL VOLUNTEERS OF KANSAS

NAME: _____ **TITLE:** _____

EXPENSE RECORD FROM _____ **THROUGH** _____

OFFICE HELD	TRAVEL	LODGING	POSTAGE	PHONE	SUPPLIES	PRINTING	ROSTER	MISC	Sun-Flower AUXILIAN	DISTRICT MTGS	STATE MTG	TOTAL OF ALL COLUMNS
PRESIDENT												
PRESIDENT- ELECT												
REC. SECRETARY												
MEM. SECRETARY												
TREASURER												
DIST. COORDINATOR												
PAST PRESIDENT												
EDITOR/SUNFLOWER												
LEG. CHAIRPERSON												
CONV. CHAIRPERSON												
CONV. CO-CHAIR												
PARLIMENTARIAN												
MEMBER AT LARGE												
COLUMN TOTALS												

Reminder: We are allowed \$55.00 for our lodging with a 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	TO	TOTAL MILES	X .50 @ MILE	Total \$ Amt REQUESTED
					X .50 @ MILE	
					X .50 @ MILE	
					X .50 @ MILE	
					X .50 @ MILE	
					X .50 @ MILE	
					X .50 @ MILE	
					X .50 @ MILE	

SIGNATURE _____ TOTAL AMOUNT REQUESTED _____

AUTHORIZED FOR PAYMENT BY: _____, PRESIDENT DATE: _____ Report has been verified _____

TOTAL AMOUNT PAID \$ _____ DATE PAID: _____ CHECK # _____ COMMENTS: _____