



Zonta International District 4

Advancing the Status of Women Worldwide

Expense Reimbursement Form

Send completed form with receipts to the District Governor for approval.

Name: _____ Position: _____

Address: _____

Purpose: _____ Date of Activity: _____

Transportation – Air/Train, etc. \$ _____

Automobile Mileage _____ @ \$.315 per mile..... \$ _____

Thruway and Bridge Tolls..... \$ _____

Hotel..... \$ _____

Meals..... \$ _____

Postage..... \$ _____

Telephone..... \$ _____

Printing..... \$ _____

Other _____ \$ _____

_____ \$ _____

Total \$ _____

Signature: _____ Date: _____

Approved By: _____, Governor Date: _____

For District Treasurer's Use Only

Check Number: _____ Total Amount: \$ _____ Date Paid: _____

District Fund: _____ Budget Line: _____ Amount: \$ _____

District Fund: _____ Budget Line: _____ Amount: \$ _____

District Fund: _____ Budget Line: _____ Amount: \$ _____