



Optimist International - Iowa District Expense Voucher

2026-2027



I hereby certify that I have incurred the following expense(s) in meeting the responsibilities of my office and request reimbursement by the District

DATE:

SIGNED: (Print & Sign)

Indicate nature and purpose of expense:

☐ Club Visitation Report enclosed or Submitted on:

AMOUNT

(Paid invoice or receipts REQUIRED except for mileage - please attach; per diem \$60 hotel reimbursement with receipt)

Expenses SUBTOTAL:

TRAVEL REIMBURSEMENT

Date	From	To	Mileage listed in Budget	Reason for Travel	Amount (.29/mile)
Approved: _____ District Governor			Total Miles		SUBTOTAL for Travel
					SUBTOTAL for Expenses
TOTAL					

* TO BE COMPLETED BY DISTRICT SECRETARY-TREASURER

Date: _____	Budget Account Number		Amount	Check No.

By: _____
District Secretary-Treasurer