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)
			Total Miles		**SUBTOTAL for Travel**
					SUBTOTAL for Expenses
				TOTAL	

Approved: _____
District Governor

**** TO BE COMPLETED BY DISTRICT SECRETARY-TREASURER***

Budget Account Number		Amount	Check No.

Date: _____

By: _____
District Secretary-Treasurer

Last Updated 09/05/2026