

**IOWA AFFILIATE OF WOCN  
EXPENSE ACCOUNT VOUCHER**

Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office or Committee: \_\_\_\_\_

Expense Items for Reimbursement:

	Explanation	Amount
Air Fare	_____	_____
Hotel	_____	_____
Telephone	_____	_____
Auto Miles @ 50 cents/mile	_____	_____
Per Diem ____ days @ \$ ____ day	_____	_____
Postage	_____	_____
Other	_____	_____

Budgeted Yes \_\_\_\_\_ No \_\_\_\_\_

Signature : \_\_\_\_\_

Please Note: All expenses must be submitted to the treasurer. If this is an expense which has not been previously budgeted, the treasurer will submit the request to the executive committee for approval. The committee will then return approved items to the treasurer for payment.

**Submit All Bills To:**

Ricki Jones  
260 Gypsy Ln  
Robins, IA 52328

**For Office Use:**

Amount Paid \_\_\_\_\_  
Check Number \_\_\_\_\_  
Date Paid \_\_\_\_\_  
Non Budgeted Items \_\_\_\_\_  
Approved by \_\_\_\_\_