SIR STATE GOLF COMMITTEE

EXPENSE CLAIM VOUCHER

Mail claims w/receipts attached to: Dave Betts, 436 E. Feather River Dr., Fresno, CA 93730 (559) 434-1468
Copy to Gene Drennan, P. O. Box 631, Magalia, CA. 95954

Claimant: _____ Area: ____ Branch: _____

Address: _____ _____

Street *City/State* *Zip*

EXPENSES: (check one) Incurred for State Golf Committeee ☐

Other (specify): ☐

MILEAGE: At $0.35 per mile

Date(s)	To	Purpose	Miles	Amount	
					$
					Sub Total

TELEPHONE: Attach a copy of your telephone billing and indicate the party called.

Comments	No. Billings	Amount	
			$
			Sub Total

COPY OR PRINTING:

Comments	No. Receipts	Amount	
			$
			Sub Total

POSTAGE:

Comments	No. Receipts	Amount	
			$
			Sub Total

OTHER EXPENSES:

Comments			No. Receipts	Amount	
					$
					Sub Total

VOUCHER TOTAL $

RECEIPTS ARE REQUIRED FOR ALL EXPENSES EXCEPT MILEAGE

I certify that the claimed expenses were incurred in the performace of authorized official busines of Sons In Retirement

Date submitted: _____ **Signed:** _____

Approved: _____ **Approved:** _____

Finance Committee Chairman *Finance Committee Member*

Paid: _____ _____

Date *Check Number*

SGC Form #15 Revised 1-1-2008