

SIR STATE GOLF COMMITTEE EXPENSE CLAIM VOUCHER

Mail claims w/receipts attached, to: Bill Wilhelm 17 Laurel Glen Terrace, San Rafael, CA, 94903-4111

Send by E Mail to: Bob Mannell <bob@mannel.com>

Claimant: _____ Area: _____ Branch: _____

Address: _____
Street City/State Zip

EXPENSES: (check one) Incurred for State Golf Committee
 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 performance of authorized official business of Sons In Retirement

Date submitted: _____

Signed: _____

Approved: _____
Finance Committee Chairman

Approved: _____
Finance Committee Member

Paid: _____
Date

Check Number