

**Greater Kingston Kiwanis**  
**P.O. Box 830**  
**Kingston, WA 98346**

**Expense Claim Voucher**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (     ) \_\_\_\_\_

Expenditure Record

Date	Item (quantity/description)	Unit Cost	Amount Spent	Comment

Total: \$ \_\_\_\_\_

I certify that the expenditures claimed above are an accurate accounting of charges made on behalf of the Greater Kingston Kiwanis Club and hereby request reimbursement of said expenditures.

Signed \_\_\_\_\_ date \_\_\_\_\_

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Approval for payment: \_\_\_\_\_ president    date \_\_\_\_\_

\_\_\_\_\_ treasurer    date \_\_\_\_\_

Account charged: \_\_\_\_\_

Check # \_\_\_\_\_ Bank \_\_\_\_\_ Date \_\_\_\_\_

Comments: