

**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 \_\_\_\_\_

\*\*\*\*\*

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

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

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

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

Comments: