

Daughters of Penelope

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DISTRICT GOVERNOR'S SEMINAR EXPENSE VOUCHER

NAME: _____ DISTRICT: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

AIR AND/OR TRAIN TRAVEL:

FROM: _____ TO: _____ Date ___/___/___ To ___/___/___

AMOUNT: \$ _____

DRIVING/MILEAGE:

FROM: _____ TO: _____ Date ___/___/___ To ___/___/___

TOTAL MILEAGE: _____ x \$0.25 Per Mile

AMOUNT: \$ _____

LODGING:

PER DIEM: _____ Days at \$ _____ AMOUNT: \$ _____

MISC. (TAXI, LIMOUSINE): _____ AMOUNT: \$ _____

TOTAL AMOUNT REQUESTED: _____

PLEASE ATTACH A PHOTOCOPY OF AIRPLANE TICKETS, TRAIN TICKETS AND MISCELLANEOUS RECEIPTS TO YOUR VOUCHER. VOUCHERS WITHOUT A SIGNATURE ARE INVALID.

Signed: _____ Dated: _____

Approved By: _____

Date Paid: _____ Check No. _____ Total Amount Paid: \$ _____