

Minnesota-Dakotas District of Kiwanis International
EXPENSE REPORT

Print Name _____

Signature _____

Purpose _____

Date Expense Incurred _____

Place Expense Incurred _____

EXPENSES:	\$ AMOUNT
Air, Rail, Bus	
Auto Mileage (miles at 30 cents _____)	
Hotel (number of days _____)	
Meals (number _____)	
Taxi/Shuttle	
Conference Registration	
Postage	
Other (itemize)	
TOTAL	\$

Approval if required Signature _____ Date _____

Submit to: Steve Handegaard District Sec/Treas P.O. Box 735 Dalton, MN 56324-0735

Paid by Check No. _____ Date Paid _____
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