

South Dakota National Guard Enlisted Association



Expense Voucher

Name:		Date:		
Address:		Pho	ne:	
		Ехр	ense Amount:	
All reimbursable expenses approv	red by the President must	be submitted on	this form to the Treasure	r for payment.
<u>Event</u>				
☐ Executive Council Meeting	g 🗆 Area V Coi	nference	□ N/A	
□ State Conference	□ National C	onference	□ Other:	
Type of expense(s)				
□ Mileage □ Lod	ging 🗆 Do	nation	□ Other:	
Mileage = \$0.20 per mile (Miles x	2 x0.20 =Total)			
Detailed description:			Total:	
	For Office L	Ise Only		
□ Check # Date Paid: Date Cashed:			d:	
☐ Entered into Quickbooks	Authorized by	/:		
Date:				lent, SDNGEA
Category:	Paid by:			

Treasurer, SDNGEA