|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **GRAND COMMISSAIRE INTENDANT COPY** | Date: |  | **20** |  |
| Drawn to: |  | Official title: |  |
| Street and number: |  | City, State |  | Zip: |  |
|  |
| Date: | Itemization of Expense: | Amount: |
|  | TRANSPORTATION |  |  |
| From: |  | To: |  | \_\_\_\_miles @$0.30 |  |  |
|  | From: |  | To: |  | \_\_\_\_miles @$0.30 |  |  |
|  |  |  |  |
|  |  |  |  |
|  | HOTEL BILL |  |  |
|  | Hotel |  | Days @ $ | 40.00 |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | TOTAL BILL |  |  |

|  |  |
| --- | --- |
| The above expenses were incurred on Grande Voiture business account of  |  |
|  | And are correct. |
|  |
| Approved: |  | Paid by Check No. |  | Signed: |  |

NOTE: Checks for expenses cannot be originated until this form is completely filled out and signed by officer incurring expense. The Grand Correspondent will issue and mail check immediately upon approval of expense voucher.

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Voyageur COPY** | Date: |  | **20** |  |
| Drawn to: |  | Official title: |  |
| Street and number: |  | City, State |  | Zip: |  |
|  |
| Date: | Itemization of Expense: | Amount: |
|  | TRANSPORTATION |  |  |
| From: |  | To: |  | \_\_\_\_miles@$0.45 |  | , |
|  | From: |  | To: |  | \_\_\_\_miles@$0.45 |  |  |
|  |  |  |  |
|  |  |  |  |
|  | HOTEL BILL |  |  |
|  | Hotel | ,,,,,,,,, | Days @ $ | 40.00 |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | TOTAL BILL |  |  |

|  |  |
| --- | --- |
| The above expenses were incurred on Grande Voiture business account of |  |
|  | Name of meeting, cause or nature of trip. |
|  | And are correct. |
| Approved: |  | Paid by Check No. |  | Signed: |  |

NOTE: Checks for expenses cannot be originated until this form is completely filled out and signed by officer incurring expense. The Grand Correspondent will issue and mail check immediately upon approval of expense voucher.