

**MINNESOTA WOMEN OF TODAY
STATE PROGRAM MANAGER EXPENSE VOUCHER**

NAME	PROGRAM	DATE
STATE/EXECUTIVE COUNCIL MEETING	LOCATION	ROUND TRIP MILEAGE
_____	_____	_____ @ .10 = \$ _____
_____	_____	_____ @ .10 = \$ _____
_____	_____	_____ @ .10 = \$ _____
_____	_____	_____ @ .10 = \$ _____
		MILEAGE TOTAL \$ _____
		Acct # 569.04

COMMUNICATIONS/SUPPLIES/INCENTIVES: PLEASE ITEMIZE AND ATTACH RECEIPTS

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

COMMUNICATIONS/SUPPLIES/INCENTIVES TOTAL \$ _____
Acct# 569.01

GRAND TOTAL \$ _____

Signed by _____ Approved by _____

PVP - Send this form to the Financial Vice President and the Executive Director – Can be submitted electronically

FOR ACCOUNTANT USE ONLY
Check # _____
Date _____
Acct. # 569.01 _____
Acct. # 569.04 _____