

**MINNESOTA WOMEN OF TODAY  
STAFF EXPENSE VOUCHER**

**DUE TO THE FINANCIAL VP AND  
EXECUTIVE DIRECTOR BY DATE  
ON EXECUTIVE COUNCIL CALENDAR**

NAME	POSITION	DATE
STATE/EXECUTIVE COUNCIL MEETING	LOCATION	ROUND TRIP MILEAGE
_____	_____	_____ @ .10 = \$ _____
_____	_____	_____ @ .10 = \$ _____
_____	_____	_____ @ .10 = \$ _____
REGION 1 MEETING:	_____	_____ @ .10 = \$ _____
REGION 2 MEETING:	_____	_____ @ .10 = \$ _____

AVP & COB only claim Regional Meetings

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 \_\_\_\_\_

Can be submitted electronically.

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