

P.O. Box 1327, Rancho Cucamonga, CA 91729
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EXPENSE VOUCHER For CNH Children's Fund Board of Directors

Name of Event or Committee

Meeting Date

Name

Daytime Phone

Address (including City, State and Zip)

Email

<u>ITEM</u>	<u>AMOUNT</u>	<u>ACCT.</u>
Mileage - Please select one option below:		
<input type="checkbox"/> Number of miles _____ @ \$0.655/mile (round trip - attach map showing mileage) I acknowledge that the amount in excess of \$0.14 per mile is taxable income to me and that I may receive a Form 1099 from the Foundation.	\$ _____	_____
<input type="checkbox"/> Number of miles _____ @ \$0.14/mile (round trip - attach map showing mileage) I understand this rate is the charitable rate allowed by the IRS and that this reimbursement is not taxable income.	\$ _____	_____
<input type="checkbox"/> Please do not reimburse my travel. I understand I may claim \$0.14 per mile on my individual tax return as a charitable deduction.		
Travel Expenses (Airfare, Ground, Etc.)	\$ _____	_____
Hotel	\$ _____	_____
Other: _____	\$ _____	_____
TOTAL:	\$ <u>150.00</u>	(Maximum)

Signature: _____

Date: _____

Please print this form, sign and date it, and mail with receipts (if applicable) to the address above. Receipts must be attached for expense other than mileage.