

For Office Use Only:
Approved by: _____

P.O. Box 1327, Rancho Cucamonga, CA 91729
909-736-1707 | Fax: 909-989-7779 | foundation@cnhkiwanis.org

Service Leadership Programs Training Expense Voucher

Please indicate which organization meeting was for: Key Club Circle K KIWIN'S

Name of Board Meeting/Training Conference Attended

Meeting Date

SLP member(s) taken & office held

<u>ITEM</u>	<u>AMOUNT</u>
Mileage _____ round trip @ \$0.655 or \$0.14/mile (see options below - attach map showing mileage)	\$ _____
Please select <u>one</u> option below:	
<input type="checkbox"/> Please reimburse my travel at the rate of \$0.655 per mile. 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"/> Please reimburse my travel at the rate of \$0.14 per mile. 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 (Rental Car, Etc. – attach a copy of the Foundation's authorization for the rental vehicle)	\$ _____
Gas (if mileage not claimed)	\$ _____
Other: _____	\$ _____
TOTAL: A/C: 73004	\$ _____

Name of individual to be reimbursed

Daytime Phone

Address (including City, State and Zip)

Email: _____

Signature: _____

Date: _____

Please print this form, sign and date it. Mail the original form with receipts for expenses other than mileage to the address above. Page one of a map showing the mileage of your trip should be attached to support travel via your personal vehicle.