

District VI Band Directors Association, Inc.

Expense Voucher

Mail to: DBDA, Inc.

Check Number

Date: _____

Name: _____

Social Security Number: _____

Mailing Address: _____

Home Phone Number: _____

Work Phone Number: _____

Services rendered: _____

Amount Owed: _____

Mileage: _____ X \$0.20 = _____

Meals: _____ \$5.00 Breakfast _____ \$8.00 Lunch _____ \$12.00 Dinner

Miscellaneous Expense: _____

Total Due

Signature

District VI President

Date

Amount Paid