

District Youth Counselor Expense Requisition

(Must be submitted to State Fraternal Director no later than 15 days of authorized service.)

Date of authorized Service _____

Type of Service Performed _____

Place of Business _____

Expenses

Per Diem: _____ day(s) at \$ _____ per day-----\$ _____

Round Trip Mileage _____ miles at _____ cents per mile-----\$ _____
(No reimbursement for riding with someone reimbursed by SPJST.)

Meals (Receipts must be attached, max. reimbursement \$25 per day.) -----\$ _____

Lodging (Receipts must be attached.)-----\$ _____

Other Authorized Expenses (Please explain below and attach receipts.)----- \$ _____

TOTAL: -----\$ _____

Start time (included travel): _____ End time: _____ Total Time: _____

Explain event and duties in detail: _____

Results, Recommendations, Accomplishments, Comments: _____

_____ No. of Youth Present _____ No. of Adults Present _____

Your Signature _____ Date _____ DYC Approval (for ADYC) _____

Address _____ City, State, Zip Code _____

HOME OFFICE USE ONLY:

EXPENSE CODE: 5210DYC • 5210ADYC • OTHER _____

State Fraternal Director's Approval

President's Approval