

Expense Voucher
 North Carolina District
 Pilot International

DATE: _____

Name: _____			
Address: _____			
Occasion: _____			
Travel: Auto Mileage _____ @ .____ _____			
Plane (Tourist Fare) _____			
Taxi and/or Limo _____			
Meals: _____			
Lodging: _____			
Tips: _____			
Telephone/Telegraph/Fax: _____			
Postage: _____			
Governor's Bulletin: _____			
Supplies: _____			
Official Visit: _____			
Miscellaneous: _____			
			Total: _____
Remarks: _____			
Signed: _____			
Approval Governor: _____			
Gov. Elect: _____			
V#	C#	A#	Date: _____

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