

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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