# Land O' Lakes District

## 2026 Reimbursement Form
## EXPENSE VOUCHER

Name: _____ Address: _____

Title: _____ _____

***EXPENSES INCURRED*** *Explanation of Activities for which expenses incurred:*

Travel (at $.40 mile)..... $ _____ _____

Lodging..... $ _____ _____

Postage..... $ _____ _____

Telephone..... $ _____ _____

***Other (Itemize)***

_____ $ _____ _____

_____ $ _____ _____

_____ $ _____ _____

Total..... $ _____ _____

**Mail to:**
Daniel True
8091 Stone Creek Dr.
Chanhassen, MN 55317
dtruesings@gmail.com
(952) 210-5156

Signature _____

Date _____

*Attach receipts where applicable*

---

Approval _____

**Date Paid** **Check Number** **Amount Paid**

_____ / _____ / _____ _____ $ _____