

**Y's MEN'S INTERNATIONAL
U. S. AREA
2010 - 2011
EXPENSE REIMBURSEMENT
VOUCHER**



Name: _____ Position: _____

Address: _____

If Check is to be made payable to other than above name
Please Enter Payee

See Back for Instructions
Mail to:
Phil Sammer
445 Nohonami St
Honolulu, HI 96815-2622

ACCOUNT NO.	DESCRIPTION OF EXPENSE	DATE(S) OF CHARGE(S)	REIMBURSABLE AMOUNT
	OFFICE OPERATIONS		\$
	POSTAGE		
	TELEPHONE/FAX		
	PRINTING/REPROGRAPHICS		
	TRAVEL/MEETINGS/CONFERENCES/CONVENTIONS		
	Dates: _____ Purpose: _____		
	LODGING		
	AIR FARE		
	MILEAGE @ \$.55/MI X _____ miles		
	TOTAL REIMBURSEMENT REQUESTED		\$

Signed by: _____ Date: _____

Approved for payment:

By U. S. Area President: _____

By Chief Financial Officer: _____

Check No: _____

Date Paid: _____

<u>Expense Codes</u>	50 Rent	<u>Position Code</u>	7 Y's Alliance
10 Convention	60	0 Area President	8 Webmaster
21 Meals	70 Supplies & Operations	1 Area President Elect	
22 Housing	80 Tax	2 Area Past President	
23 Transportation	90 Telephone	3 Corporate Secretary	
24 Mileage Allowance	99 Other	4 Chief Financial Officer	
30 Insurance		5 Area Office	
40 Mailing & Postage		6 Roster Secretary	

DIRECTIONS FOR SUBMITTAL OF EXPENSE REIMBURSEMENT VOUCHER

Please enter Name and Y's Men position of individual requesting reimbursement. (If check is to made payable to other than individual making request, please enter Payee for Reimbursement Check. Address used will be address used in mailing reimbursement check.

DETAIL OF EXPENSES INCURRED: Please enter:

1. Account Number: *To be completed by CFO/AP.*
2. Description of Expenses: Please enter vendor's name, with brief description of expenditure.
For Travel costs: Please enter date(s) of trip, and purpose
On "AIR FARE" line enter: air cost to council meeting ... XYZ Travel: air cost to Area Council Meeting July 7-9, 2009

On "TELEPHONE/FAX" line: AT&T: long distance charges
3. Enter dates of charges..
4. Enter reimbursable amount.

TOTAL REIMBURSEMENT: Please enter total reimbursement requested.

MILEAGE REIMBURSEMENTS: Mileage reimbursements are authorized at 22.5 cents per mile.

BF DISCRETIONARY FUNDS:

Please

- 1) write in "BF Discretionary Funds" in blank line under "Description of Expense" column.
- 2) Attach Request for Discretionary Funds application form,
- 3) attach receipts/invoices/statements to Expense Reimbursement Voucher, and
- 4) mail to **AP Phil Sammer, 445 Nohonami St. Honolulu, HI 96815-2622**

ALL OTHER SUBMITTALS MUST

- 1) HAVE ATTACHED RECEIPTS/INVOICES/STATEMENTS TO REIMBURSEMENT VOUCHER
- 2) MAIL VOUCHER AND ATTACHED SUPPORTING DOCUMENTATION FOR APPROVAL OF PAYMENT TO:

**PHIL SAMMER
445 Nohonami St
Honolulu HI 96815-2622**

U. S. AREA

REQUEST FOR DISCRETIONARY FUNDS

(Complete with Expense Reimbursement Voucher ... mail both to RD; RD complete your portion and send to AP-E.)



Applicant's Information:

Name: _____

Address: _____

Home Club: _____

Occupation/Profession: _____
 Offices held as a Y's Man _____ Year _____

Number of Years in Y'sdom: _____

Have you Received Brotherhood Funds Before? If yes, when & explain
 Yes ___ No ___

Signed: _____ Date _____

Discretionary Funds was Used for:

Purpose of the Trip _____

Amount Requested: \$ _____

How did you travel? _____

Explain general travel itinerary: _____

How will the purpose be accomplished? _____

Completed by BF Discretionary Expenditures Committee:

Was funding approved? Yes ___ No ___

If selected, give authorized time to travel _____

Amount of grant provided: \$ _____

Applicant advised of action by _____

Signed: _____ Date: _____

Prepared by RD:

Does the applicant possess Leadership potential, and to What degree? Yes ___ No ___

Is the applicant qualified for the purpose of this trip? Yes ___ No ___, explain _____

Is the purpose of this trip of high value of the U. S. Area? Yes ___ No ___

Is the applicant's club current with dues, rosters, and other reports? Yes ___ No ___

What was the BF contribution of the applicant's club during the past year ending June 30 ... \$ _____

Signed _____ Date _____

ELIGIBILITY AND REPORTING REQUIREMENTS:

- The primary purpose of the BF Discretionary Fund is to provide some transportation expense reimbursement to club, district and regional leaders below the leadership level of Regional Director to attend a Y'sdom conducted leadership training workshop/conference.
- If BF discretionary funds were used for any approved club visitations the APPLICANT is required to make a trip report to his Regional director with a copy to the U. S. Area President Elect within 30 days after the trip.
- To be eligible for BF Discretionary Funds, the applicant's club must have met the minimum Brotherhood Fund contribution during the immediate past year (receiving an Alf Reynolds patch award)

PROCESSING INSTRUCTIONS:

- Applicant must complete the sections on the form entitled "Applicant's Information" and "Discretionary Funds Use".
- Sign and Date the application at the bottom of the "Applicant's Information" section.
- Complete U. S. Area Expense Reimbursement Voucher** with your name, address & signature, only.
- Forward this completed forms to Your Regional Director. The RD will verify your eligibility to request BF funds for travel reimbursement and forward to the Area President Elect who authorizes the amount of funding. The A.P.E. will write on the form above the funding amount approved by the BF Discretionary Expenditures Committee. The form will be forwarded to the Area President for approval, and CFO for payment.