

**Y SERVICE CLUBS INTERNATIONAL  
U. S. AREA  
2017 - 2019  
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:  
**Tibor Foki**  
**3465 Marna Avenue**  
**Long Beach, CA 90808-3126**

| ACCOUNT NO. | DESCRIPTION OF EXPENSE                         | DATE(S) OF CHARGE(S) | REIMBURSABLE AMOUNT |
|-------------|--|----------------------|---------------------|
|             | OFFICE OPERATIONS                              |                      | \$                  |
|             | POSTAGE  |                      |                     |
|             | TELEPHONE/FAX                                  |                      |                     |
|             | PRINTING/REPROGRAPHICS                         |                      |                     |
|             | <b>TRAVEL/MEETINGS/CONFERENCES/CONVENTIONS</b> |                      |                     |
|             | Dates: _____ Purpose: _____                    |                      |                     |
|             | LODGING  |                      |                     |
|             | AIR FARE                                       |                      |                     |
|             | MILEAGE @ \$.30/MI X _____ miles               |                      |                     |
|             |  |                      |                     |
|             | <b>TOTAL REIMBURSEMENT REQUESTED</b>           |                      | \$                  |

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved for payment:

By U. S. Area President: \_\_\_\_\_

By Chief Financial Officer: \_\_\_\_\_

Check No: \_\_\_\_\_

Date Paid: \_\_\_\_\_

## **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 6-7, 2011  
  
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 30 cents per mile.

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### **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 Tibor Foki 3465 Marna Avenue Long Beach, CA 90808-3126**

### **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:

**Tibor Foki  
3465 Marna Avenue  
SLong Beach, CA 90808-3126**

**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:<br><br>\$ | 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:**

1. 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.
2. 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.
3. 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:**

1. Applicant must complete the sections on the form entitled "Applicant's Information" and "Discretionary Funds Use".
2. Sign and Date the application at the bottom of the "Applicant's Information" section.
3. **Complete U. S. Area Expense Reimbursement Voucher** with your name, address & signature, only.
4. 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.