

2026-27 Georgia District Anchor

EXPENSE VOUCHER

EV#: _____

DATE: _____

FROM: _____

ADDRESS: _____

LIST AUTHORIZED EXPENSES TO BE PAID OR REIMBURSED BY THE DISTRICT
(ATTACH RECEIPTS & INVOICES WHERE APPLICABLE)

Expense
Code #
(By Governor)

DESCRIPTION

TOTAL

Check Payable to:

Signatures:

SUBMITTED BY: _____ TOTAL AMOUNT: _____

GOVERNOR: _____ DATE: _____

ANCHOR COORDINATOR: _____ DATE: _____

TREASURER'S RECORD

Amount Paid: \$ _____ Check #: _____

Account #: _____ Date: _____

Remarks:

THIS FORM MAY BE DUPLICATED
SEND COMPLETED FORM TO GEORGIA DISTRICT TREASURER
Avaline Adams, Treasurer
Georgia District Pilot
4940 Hwy. 145
Carnesville, GA 30521