

District Youth Counselor Expense Requisition

(Must be submitted to State Youth Director no later than 15 days of authorized service.)

Date of authorized Service _____

Type of Service Performed _____

Place of Business _____

Expenses

Per Diem: _____ day(s) at \$ _____ per day ----- \$ _____

Round Trip Mileage _____ miles at _____ cents per mile ----- \$ _____
(No reimbursement for riding with someone reimbursed by SPJST.)

Meals (Receipts must be attached.) ----- \$ _____

Lodging (Receipts must be attached.) ----- \$ _____

Other Authorized Expenses (Please explain below and attach receipts.)----- \$ _____

TOTAL: -----\$ _____

Results, Recommendations, Accomplishments, Comments: _____

_____ No. of Youth Present _____ No. of Adults Present _____

Your Signature

Date

DYC Approval (for ADYC)

Address

City, State, Zip Code

HOME OFFICE USE ONLY:

EXPENSE CODE: 5210DYC • 5210ADYC • OTHER _____

STATE YOUTH DIRECTOR'S APPROVAL

PRESIDENT'S APPROVAL