

# 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 \_\_\_\_\_ NYC 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