

District 31L Authorized Lions Expense Claim form

Name: _____ Title: _____

Address: _____ City: _____ Zip: _____

TRAVEL MILAGE (Rev 12/15/15)

Date	Purpose	From	To	Miles	.31 per mile
				Total	

LIVING EXPENSES

(Receipts MUST be attached for reimbursement of these expenses) Meals: actual cost only, not to exceed \$25.00 / day

Lodging: actual cost only, not to exceed \$75.00/night

Date	City	No.	Meal Amount	Lodging Amount	\$ Amount
TOTAL:					

MISCELLANEOUS EXPENSES

(Receipts MUST be attached for reimbursement of these expenses)

Date	Description	\$ Amount
TOTAL:		

TOTAL: \$ _____

This expense claim is being filed per the policy and procedures of the district. I hereby certify that I have incurred the expenses listed above on behalf of District 31L Lions.

SIGNATURE: _____ TITLE: _____ DATE: _____

Paid: Check Date: _____ Check No. _____ Amount: _____ Treasurer _____
07/07/15