



LIONS CLUBS INTERNATIONAL District Governor's Office Expense Claim

Name _____ District _____ Month of _____
First Last

IN LINE WITH RULES OF AUDIT
 ALL EXPENSE CLAIMS MUST BE SUBMITTED BY THE 20th OF THE FOLLOWING MONTH

SUMMARY OF OFFICE EXPENSES (Please indicate currency)

| COMMUNICATION | AMOUNT |
|--|-------------|
| Rule No. 9 | |
| US\$1.00 X _____ Lions Clubs | \$ - |
| STENOGRAPHIC - Minimum US\$20 | |
| Rule No. 8 | |
| US\$.45 X _____ Lions Clubs | \$ - |
| POSTAGE - ADMINISTRATIVE | |
| Rule No.10a. | |
| US\$1.00 X _____ Lions Clubs | \$ - |
| NEWSLETTER ALLOWANCE | |
| Rule No.10b. | |
| Maximum reimbursement--US\$50 | _____ |
| <hr/> | |
| OTHER (one-time) | |
| Cabinet Formation - US\$1.00 X _____ Lions Clubs | \$ - |
| Stationery Printing - US\$ 75 maximum (attach sample & paid receipt) | _____ |
| TOTAL | \$ - |

District Governor _____
Signature

I represent to the best of my knowledge and belief that all expenses listed were actually incurred and are in conformity with the association's Rules of Audit. I understand that by virtue of signing this expense claim, it becomes part of the association's official records and may be subject to review by parties normally allowed to make such inspections.