LIONS CLUBS INTERNATIONAL

TRAVEL EXPENSE CLAIM

PURPOSE OF VISIT
(Please check "CODE" Column)

A = Annual
C = Charter Night
O = New Club Organization
S = Special (Explain)

Name _____
First Last

Title District Governor District _____ Month _____

Day	Club Visited	CODE	Breakfast	Lunch	Dinner	Hotel (Receipts Must Be Attached)	Transportation (Cancelled Tickets & Proof of Payment Must be Attached)	Local Trans	AUTOMOBILE Miles	AUTOMOBILE Kms.	Total For Currency Conversion	Total
1											-	-
2											-	-
3											-	-
4											-	-
5											-	-
7											-	
8											-	-
9											-	-
10											-	-
11											-	-
12											-	-
13											-	-
14											-	-
15											-	-
16											-	-
17											-	-
18											-	-
19											-	-
20											-	-
21											-	-
22											-	-
23											-	-
24											-	-
25											-	-
26											-	-
27											-	-
28											-	-
29											-	-
30											-	-
31											-	-
											-	-
												-
			0.00	0.00	0.00	0.00	0.00	0.00	0		-	-

VISITATION REPORTS MUST BE ATTACHED

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 a part of the association's official records and may be subject to review by parties normally allowed to make such inspections.

Signature _____

Title: ___ District Governor

Approved By _____(District Governor)

District Governor's approval is required on expense claims of representative