TRAVEL & OFFICE EXPENSE CLAIM

INTERNATIONAL OFFICERS, DIRECTORS, PAST PRESIDENTS AND PAST DIRECTORS

Committee/Board Meetings

Name: _____ Home District No: _____ Month of: _____

(One month per claim form)

Title: _____

(*Required cancelled tickets & proof of payment)

Date	Purpose of Assignment / Event	**RECEIPTS** Breakfast	**MUST** Lunch	**BE** Dinner	**ATTACHED** Hotel	Transportation* (airline, parking, taxi, tolls, etc.)	Tips	Kilo-meters	Amount (kms. X .19)	Miles	Amount (miles X .30)	Postage Internet/ Phone/Fax	Laundry	Total
Totals														

Notes:

_____

_____

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 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.

Number of receipts attached: _____ Signature _____ (required)

CLAIMS MUST BE SUBMITTED BY THE 20TH OF THE FOLLOWING MONTH - NO PAYMENT WILL BE MADE BEYOND 120 DAYS PAST DUE

O/D-Com/Bd