TRAVEL & OFFICE EXPENSE CLAIM

INTERNATIONAL OFFICERS, DIRECTORS, PAST PRESIDENTS AND PAST DIRECTORS

Speaking Assignment

Forums (Transportation only **)

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.)	Kilometers	Amount (kms. X .19)	Miles	Amount (miles X .30)	Gifts (max US$50 with receipt) & Tips	Total
Totals												

*** Unless for planning meeting

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.

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-SA/Forum