

DISTRICT A-15 EXPENSE CLAIM FORM

dg@a15lions.org Cell 226-228-3022

EXPENSE CLAIM

complete green areas

Name:

Address:

Lions Club of

Postal Code

District A Month
 Region Year
 Zone

***** RECEIPTS REQUIRED *****

Date	FOR ITEMS NOT COVERED UNDER MDA RULES OF AUDIT. Please refer to eligible expenses as per our District A15 Policies and Precedures.	Breakfast max. \$10	Lunch max. \$12	Dinner max. \$18	Misc.	Postage	Hotel max. \$75/day	Transport (Air-economy, R.R., Bus)	Kms travelled	Amount @ \$0.35	Total
Total											

Signature:

Date:

(Add your Title)

Approved by:

District Governor Garry Ransom

Date:

For Office use only
Account No. <input style="width: 90%; height: 20px;" type="text"/>
Verified by <input style="width: 90%; height: 20px;" type="text"/>
Cheque No. <input style="width: 90%; height: 20px;" type="text"/>
Date issued <input style="width: 90%; height: 20px;" type="text"/>
Minutes Rec'd <input style="width: 90%; height: 20px;" type="text"/>

Completion: Print, sign and date

Claims must be submitted within 14 days of a monthend by e-mail accompanied by scan of any required receipts to the DG- dg@a15lions.org who will then forward to the District Treasurer for payment- ct@a15lions.org

**If unable to email and/or scan, mail the completed hardcopy and receipts to
 DG Bill Robinson, 297 Greenwood Dr, Stratford, ON N5A 7N7**

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Reference Date (above)	Expense Justification Details

Please remember to include any and all of your receipts.

Thank You, Cabinet Treasurer
ct@a15lions.org