

# DISTRICT A-15 EXPENSE CLAIM FORM

[dg@a15lions.org](mailto:dg@a15lions.org) Cell 226-962-1636

## EXPENSE CLAIM

*complete green areas*

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Lions Club of \_\_\_\_\_

\_\_\_\_\_  
 Postal Code

District A 15      Month \_\_\_\_\_  
 Region \_\_\_\_\_      Year \_\_\_\_\_  
 Zone \_\_\_\_\_

**\*\*\* RECEIPTS REQUIRED \*\*\***

| Date | FOR ITEMS NOT COVERED UNDER MDA RULES OF AUDIT.<br>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       |
|------|---|---------------------|-----------------|------------------|-------|---------|---------------------|------------------------------------|---------------|-----------------|-------------|
|      |   |                     |                 |                  |       |         |                     |                                    |               | 0.00            | 0.00        |
|      |   |                     |                 |                  |       |         |                     |                                    |               | 0.00            | 0.00        |
|      |   |                     |                 |                  |       |         |                     |                                    |               | 0.00            | 0.00        |
|      |   |                     |                 |                  |       |         |                     |                                    |               | 0.00            | 0.00        |
|      |   |                     |                 |                  |       |         |                     |                                    |               | 0.00            | 0.00        |
|      |   | 0.00                | 0.00            | 0.00             | 0.00  | 0.00    | 0.00                | 0.00                               | 0.00          | <b>Total</b>    | <b>0.00</b> |

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Add your Title)

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

District Governor Linda Vinette

| For Office use only |
|---------------------|
| Account No. _____   |
| Verified by _____   |
| Cheque No. _____    |
| Date issued _____   |
| Minutes Rec'd _____ |

**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](mailto:dg@a15lions.org) who will then forward to the District Treasurer for payment- [ct@a15lions.org](mailto:ct@a15lions.org)**

**If unable to email and/or scan, mail the completed hardcopy and receipts to  
 DG Linda Vinette, 20 Skeen St. Belwood, ON N0B 1J0**

## DISTRICT A-15 EXPENSE CLAIM FORM

| Reference<br>Date<br>(above) | Expense Justification Details |
|------------------------------|-------------------------------|
|                              |                               |
|                              |                               |
|                              |                               |
|                              |                               |
|                              |                               |

Please remember to include any and all of your receipts.

Thank You, Cabinet Treasurer  
ct@a15lions.org