



We Serve

DISTRICT A-15 LIONS CLUBS®
**THE INTERNATIONAL ASSOCIATION OF
LIONS CLUBS**



We Serve

Expense Claim Form – Page 1

Name of Lion: _____ Committee/Chair: _____

Mailing Address: _____

Expenses Claimed: (NOTE: Receipts required for all expenses except mileage)

| | | | | | | | |
|-------|----------------|------|-----|-------|-----|-------|-------------|
| Date: | Round trip to: | @ \$ | /km | _____ | km | \$ | _____ |
| _____ | _____ | @ | \$ | _____ | /km | _____ | km \$ _____ |
| _____ | _____ | @ | \$ | _____ | /km | _____ | km \$ _____ |
| _____ | _____ | @ | \$ | _____ | /km | _____ | km \$ _____ |
| _____ | _____ | @ | \$ | _____ | /km | _____ | km \$ _____ |
| _____ | _____ | @ | \$ | _____ | /km | _____ | km \$ _____ |

| | | | |
|-------|-----------|----|-------|
| Date: | Location: | \$ | _____ |
| _____ | _____ | \$ | _____ |
| _____ | _____ | \$ | _____ |
| _____ | _____ | \$ | _____ |
| _____ | _____ | \$ | _____ |
| _____ | _____ | \$ | _____ |

Long Distance Telephone Calls and Faxes (must be itemized, with receipts): \$ _____

Postage : \$ _____

Other Expenses (Please itemize all on second page): \$ _____

Total Expenses Claimed: \$ _____

Signature: _____ Date: _____

Approved By: _____ Date: _____

Approval Signature: _____

