

EXPENSE CLAIM

complete green areas

Name: _____
 Address: _____
 Lions Club of _____

Postal Code _____

District A _____ Month _____
 Region _____ Year _____
 Zone _____

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

Date	OFFICERS SPECIFY:(1) Official Visit, (2)Cabinet Meeting, (3)Zone Advisory, (4)Region or Zone Rally, (5)Extension Visit, (7)Name of Club & Town visited. COMMITTEES SPECIFY: (a) Committee Name	Breakfast max. \$5	Lunch max. \$7	Dinner max. \$12	Long Dist.Calls	Stat. & Postage	Hotel max. \$75/day	Transport (Air-economy, R.R., Bus)	Kms travelled	Amount @ \$0.28	Total
A-5 differential enter total kms here =>											
Total											

Signature: _____
 (Add your Title)

Date: _____

Approved by: _____
 (District Governor / MDA Committee Chair)

Date: _____

Expense claims during Lions' year must be received by MD"A" Treasurer by July 31.

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

Officers and committee members to send two (2) copies of this form to Dist Gov or Committee Chair with receipts. District Governor / MDA Committee Chair to forward one (1) approved copy to District "A" Office with supporting vouchers Expense Claims not requiring receipts such as kilometre or meal claims may be submitted by E-Mail by the District Governor or MDA Committee Chair. District officers and MDA committee members may send by email . to their Governors/Committee chairs for approval