LIONS CLUBS INTERNATIONAL
District N-1 Expense Claim Form

PURPOSE OF VISIT
(Please check "CODE" Column)

A = Annual
C = Charter Night
O = New Club Organization
S = Special (Explain)

Name _____
First Last

Title: _____ District: _____ Month Of_____

Day	Location Visited	CODE	RECEIPTS MUST BE ATTACHED				Transportation (Cancelled Tickets & Proof of Payment	Local Trans/ Tolls		Auto		Total
			Breakfast	Lunch	Dinner	Hotel			Office Exp.	Kms.	Kms x .25	
1												-
2											-	-
3											-	-
4											-	-
5											-	-
6											-	-
7											-	-
8											-	-
9											-	-
10											-	-
11											-	-
12											-	-
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28											-	-
29											-	-
30											-	-
31											-	-
											-	-
											-	-
TOTALS			-	-	-	-	-	-			-	-

All RECEIPTS MUST BE ATTACHED

Notes:
- These expense are **ONLY** for expenses above or not covered by Lions International.
- Receipts **MUST** support expenses claimed.
- Mileage reimbursement will be at .25 cents per kilometer
- Hotel, tolls, flighta and ferries will be reimbursed with receipts.
- Meals (NO alcohol) will be reimbursed to a max of $45 per full day ($10-breakfast, $15 - lunch, $20 - dinner)

Signature _____ Date:_____

Title: _____

Approved By _____(District Governor)

District Governor's approval is required on expense claims of representative

Approved By _____(Cabinet Secretary-Treasurer)

Apr-08

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