

DISTRICT LEMPRR TEAM EXPENSE CLAIM

Name _____ District _____ Date Mailed _____

Please circle one: District Governor, Vice District Governor, Leadership, Extension, Membership,
Public Relations, Zone Chairperson

Please Note:

1. All expense claims must be in line with the Rules of Audit found in the MD19 Policy Manual and on the reverse side of this Expense Claim.
2. Mail this completed Expense Claim with the required receipts to your District Governor or District Cabinet Secretary to be presented at the next regularly scheduled District Cabinet Meeting for approval. You may send a copy of the receipt(s) and keep the original(s).
3. Please keep a copy of this form and receipts for your records.

MILEAGE, HOTEL, FARES (Receipts must be enclosed for fares & hotels.)

Type of Meeting	Date	Place	Round Trip Miles	Miles x \$.25 Note (1)	Fares \$ Note (2)	Hotel \$ Note (3)	US	CDN
Kick-Off								
Half-Time								
District Planning Session								
TOTAL								
							US	CDN

Notes:

1. Calculate the dollar amount at the current rate of \$.25 per mile. Write the amount in the "Miles x \$.25" column. Mileage is paid in US Funds.
2. Payment of fares to qualified Canadian Lions will be in the actual currency paid by claimant. Payment to qualified US Lions will be in the equivalent of US funds.
3. Hotel allowance is paid in US funds, no matter where hotel is located.

This expense claim was approved by the appropriate District Cabinet at a regularly scheduled Cabinet Meeting held on _____
Date

Signature of District Governor

Signature of Cabinet Secretary

Once approved, please send this signed Expense Claim with receipts to the MD19 Office for payment.

For MD19 Office Use		
	US	CDN
Paid	\$	
Check #		