Attachment #4

LIONS CLUBS INTERNATIONAL
DGE ADULT COMPANION TRAVEL EXPENSE CLAIM
Busan, Korea

DISTRICT: _____

PLEASE PRINT

DGE NAME: _____
First Last

ADULT COMPANION
NAME: _____
First Last

The below documentation is required along with this form for reimbursement.

1) **COPY OF TICKETED TRAVEL ITINERARY INCLUDING ALL ROUTING, AIRLINES, FLIGHT NUMBERS, CLASS OF SERVICE, ARRIVAL/DEPARTURE DATES AND TIMES.**

2) **PROOF OF PURCHASE (COPY OF PAID RECEIPT OR CREDIT CARD TRANSACTION).**

Please submit by JULY 18, 2012 to Laura Delgado, LCI Auditing Department:

Email: laura.delgado@lionsclubs.org
Fax: 630-706-9199
Phone: 630-468-6846

Please indicate NAME and ADDRESS of who is to be reimbursed **(PLEASE PRINT)**:

NAME: _____

ADDRESS: _____

_____

_____

COUNTRY: _____

TELEPHONE: _____

EMAIL: _____

DISTRICT GOVERNOR ELECT SIGNATURE: _____

DATE: _____

REQUEST FOR REIMBURSEMENT MUST BE SUBMITTED BY JULY 18, 2012