



LIONS CLUBS INTERNATIONAL
TRAVEL EXPENSE CLAIM

PURPOSE OF VISIT
(Please check "CODE" Column)

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

Name _____
First Last
Title: District Governor District _____ Month _____

Day	Club Visited	C O D E					Transportation (Cancelled Tickets & Proof of Payment Must be Attached)	Local Trans	AUTOMOBILE			Total
			Breakfast	Lunch	Dinner	Hotel (Receipts Must Be Attached)			Miles	Kms.	Total For Currency Conversion	
1											-	-
2											-	-
3											-	-
4											-	-
5											-	-
6											-	-
7											-	-
8											-	-
9											-	-
10											-	-
11											-	-
12											-	-
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26											-	-
27											-	-
28											-	-
29											-	-
30											-	-
31											-	-
											-	-
											-	-

VISITATION REPORTS MUST BE ATTACHED

I represent to the best of my knowledge and belief that all expenses listed were actually incurred and are in conformity with the association's Rules of Audit. I understand that by virtue of signing this expense claim, it becomes a part of the association's official records and may be subject to review by parties normally allowed to make such inspections.

Signature _____

Title: _____

Approved By _____ (District Governor)

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