TRAVEL & OFFICE EXPENSE CLAIM

INTERNATIONAL OFFICERS, DIRECTORS, PAST PRESIDENTS AND PAST DIRECTORS

Expense	List Date
☐ **In-District Budget**	
☐ **Board Meeting / Int'l Convention**	
☐ **Speaking Assignment**	
☐ **Committee Meeting**	
☐ **Forum (transportation only)**	

Name: _____ Home District No. _____

Title: _____ Month _____ (One month per claim form)

Date	Purpose of Assignment / Event	**RECEIPTS** Breakfast	**MUST** Lunch	**BE** Dinner	**ATTACHED** Hotel	Transportation* (airline, parking, taxi, tolls, etc.)	Tips	Kilo-meters	Amount (kms. X .19)	Miles	Amount (miles X .30)	Office/ Printing/ Postage & Supplies	Gifts/Visas & Registration	Laundry	Total
Totals															

Notes: _____

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 by virtue of signing this expense claim, it becomes part of the association's official records and may be subject to review by parties normally allowed to make such inspections.

***Required cancelled tickets & proof of payment**

Number of receipts attached: _____ Signature _____ (required)

OCF-11

CLAIMS MUST BE SUBMITTED BY THE 20TH OF THE FOLLOWING MONTH - NO PAYMENT WILL BE MADE BEYOND 120 DAYS PAST DUE