



LIONS CLUBS INTERNATIONAL  
**TRAVEL EXPENSE CLAIM**  
 (Please complete reverse side)

PURPOSE OF VISIT  
 (Please check "CODE" Column)

Name \_\_\_\_\_ District No. \_\_\_\_\_ Month of \_\_\_\_\_  
 First Last

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

Title \_\_\_\_\_

Day	Club Visited	C O D E	RECEIPTS MUST BE ATTACHED				Transportation (Cancelled Tickets & Proof of Payment Must be Attached)	Local Trans.	AUTOMOBILES		TOTAL
			Breakfast	Lunch	Dinner	Hotel			Miles or Kms.	Amount	
1											
2											
3											
4											
5											
6											
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28											
29											
30											
31											
TOTALS											

**VISITATIONS 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

- (A) - Expense Claim Form needs to be signed by the District Governor.
- (B) - All original receipts must be attached and mailed with Expense Claim Form and Club Visitation Report.

