



**LIONS CLUBS INTERNATIONAL
DGE ADULT COMPANION TRAVEL EXPENSE CLAIM
MILAN, ITALY**

DISTRICT: _____

PLEASE PRINT

DGE NAME: _____
 First _____ Last _____

ADULT COMPANION
 NAME: _____
 First _____ Last _____

For your up to US\$500.00 allowance, 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).

Submit immediately after tickets are booked and proof of purchase is received.

Banking information may be required. Please send to Laura Delgado, LCI Accounting Department:

Email: DistrictGovernorClaims@lionsclubs.org
 Fax: +1 630-706-9199
 Phone: +1 630-468-6846

All payments will be made to the DGE unless requested to be paid to a travel agency or district. Please indicate NAME and ADDRESS of who is to be reimbursed (**PLEASE PRINT**):

NAME: _____

ADDRESS: _____

COUNTRY: _____

TELEPHONE: _____

EMAIL: _____

DATE: _____

MUST BE RECEIVED BY FRIDAY, MAY 10, 2019– NO PAYMENT AFTER 60 DAYS PAST DUE