

COUNCIL CHAIRPERSON EXPENSE CLAIM

MULTIPLE DISTRICT 19, LIONS INTERNATIONAL

Name _____ Date Mailed _____

For the Month of _____

IN LINE WITH THE RULES OF AUDIT AS PRINTED ON BACK

POSTAGE

For: (#) _____ Letters at \$ _____ each = \$ _____

For: (#) _____ Letters at \$ _____ each = \$ _____

Total Postage: \$ _____

MILEAGE AND HOTEL:

TYPE OF VISIT	DATE	PLACE	R.T. MILES	REIMBURSEMENT			TOTAL US \$	TOTAL CDN \$
				MILES	FARES	HOTEL		
INTERNATIONAL CONVENTION								
MD19 WINTER COUNCIL MEETING								
MD19 SPRING COUNCIL MEETING								
MD19 FALL ANNUAL COUNCIL MEETING								
CLUB CHARTER ANNIVERSARY								
NEW CLUB CHARTER								
SPECIAL SPEAKING REQUEST								
DISTRICT CONFERENCES								
FOURTH COUNCIL MTG.								

For MD19 Office Use			
	US		CDN
Paid	\$		\$
Check #			
Date Paid			