LIONS CLUBS INTERNATIONAL

# TRAVEL EXPENSE CLAIM

**(Please complete reverse side)**

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 | CODE | RECEIPTS MUST BE ATTACHED | | | | Transportation (Proof of Purchase Must be Attached) | Local Trans | AUTOMOBILE | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Breakfast | Lunch | Dinner | Hotel | | | Miles | Kms. | |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |
| 13 | | | | | | | | | | | |
| 14 | | | | | | | | | | | |
| 15 | | | | | | | | | | | |
| 16 | | | | | | | | | | | |
| 17 | | | | | | | | | | | |
| 18 | | | | | | | | | | | |
| 19 | | | | | | | | | | | |
| 20 | | | | | | | | | | | |
| 20 | | | | | | | | | | | |
| 21 | | | | | | | | | | | |
| 22 | | | | | | | | | | | |
| 23 | | | | | | | | | | | |
| 24 | | | | | | | | | | | |
| 25 | | | | | | | | | | | |
| 26 | | | | | | | | | | | |
| 28 | | | | | | | | | | | |
| 29 | | | | | | | | | | | |
| 30 | | | | | | | | | | | |
| 31 | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | TOTALS | | | | | | | | | | |

**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 part of the association's official records and may be subject to review by parties normally allowed to make such inspections.

Signature _____

Title _____District Governor_____

Approved By _____(District Governor)

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

C-30 650 12-02 **ALL EXPENSE CLAIMS MUST BE SUBMITTED BY THE 2Oth OF THE FOLLOWING MONTH**