

CLUB SUPPORT TEAM EXPENSE CLAIM (District Account)

Name _____ District _____ Date Mailed _____

MD19 Team: Leadership Extension Membership (3) Public Relations Retention Faculty Develop.
Special Events Coordinator Training Chairperson

District Team District Governor Vice District Governors Leadership Extension Membership
Public Relations Retention **Zone Chairperson**

Please Note:

1. All expense claims must be in line with the Rules of Audit found in the MD19 Policy Manual and on MD19 Website.
3. Please keep a copy of this form and receipts for your records.

MILEAGE, HOTEL, FARES (Receipts must be enclosed for fares & hotels.)

| Type of Meeting | Date | Place | Round Trip Miles | Miles x \$.25 <i>Note (1)</i> | Fares \$ <i>Note (2)</i> | Hotel \$ <i>Note (3)</i> | US | CDN |
|-------------------------------------|------|-------|------------------|----------------------------------|-----------------------------|-----------------------------|-----------|------------|
| Progress & Planning Meeting | | | | | | | | |
| District Retreat / Planning Session | | | | | | | | |
| Other | | | | | | | | |
| TOTAL | | | | | | | | |
| | | | | | | | US | CDN |

Notes:

1. Calculate the dollar amount at the current rate of \$.25 per mile. Write the amount in the "Miles x \$.25" column. Mileage is paid in US Funds.
2. Payment of fares to qualified Canadian Lions will be in the actual currency paid by claimant. Payment to qualified US Lions will be in the equivalent of US funds.
3. Hotel allowance is paid in US funds, no matter where hotel is located.

For MD19 District Support Team Expense Claims, please sign: _____

For District Club Support Claims: Check box if reimbursement of Club Support Claims have been approved by the District Cabinet.

Following signature required for District Club Support Claims: _____
Signature of District Governor

Once approved, please send this signed Expense Claim with receipts to the MD19 Office for payment.

Mail: 4141 W Maplewood Ave., Bellingham, WA 98226 or Email: md19lions@lionsmd19.com

| For MD19 Office Use | | |
|---------------------|----|-----|
| | US | CDN |
| Paid | \$ | |
| Check # | | |