

COUNCIL CHAIRPERSON EXPENSE CLAIM

MULTIPLE DISTRICT 19, LIONS INTERNATIONAL

Name _____ Date Mailed _____

For the Month of _____

IN LINE WITH THE RULES OF AUDIT

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 0.50	FARES	HOTEL \$75		
INTERNATIONAL CONVENTION								
MD19 WINTER COUNCIL MEETING								
MD19 SPRING COUNCIL MEETING								
MD19 FALL COUNCIL MEETING								
CLUB CHARTER ANNIVERSARY								
NEW CLUB CHARTER								
SPECIAL SPEAKING REQUEST								
DISTRICT CONFERENCES								
FOURTH COUNCIL MTG.								

Email to: md19lions@lionsmd19.org

Mail to: 4141 Bennett Drive, Bellingham, WA 98226

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