

IOWA LIONS DISTRICT 9NW TRAVEL EXPENSES

Name: _____

Title(s) _____

Date	Explanation of Expenses	Maximum Allowed = \$16.00 per Day W/ Original Receipt			Hotel (Maximum Allowed \$50 W/ Original Receipt)	Mileage 30¢ per Mile		Other	Total
		Breakfast	Lunch	Dinner		Miles	Amount for Mileage		
Totals						XX			

I represent to the best of my knowledge and belief that all expenses incurred and are in conformity with the association's Rules of Audit. I virtue of signing this expense claim, it becomes a part of the association's records and may be subject to review by parties normally allowed to make

Signature _____

Approved By _____ (District Governor)

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