LIONS DISTRICT N-4 TRAVEL EXPENSE CLAIM

CLAIMANT: _____ MONTH: _____ YEAR: _____

DATE	CLUB visited	MEALS			HOTEL	TRANSPORTATION		TOTAL
		B	L	D		KM	$	

Date: _____ Total amount claimed: _____

_____
Signature of Claimant

Total Expense Claim + $ _____
Less Advance / reimbursement - $_____
Final Total this statement = $ _____

Balance owed to claimant = _____
Balance owed by claimant = _____ Payment details: _____

Expenses must be supported by receipts.
Use additional pages if necessary and bring total forward to final page. Signature required on final page only.