## 2018-2019 Statement of Expenses

Expense claims and receipts must be submitted for approval  $\underline{\textit{within 30 days}}$  after incurred to:

27-D2 Cabinet Treasurer PDG Lion Jim Olson

913 Oak Avenue North Onalaska WI 54650

Phone: 1-608-780-1401 jim.olson966@gmail.com

□District Governor Tea	am □GMT/GLT □D	vistrict Committee	
adistrict Governor Tea	diii Govii/Gei Ge	istrict Committee	
Name:		District:	27-D2
Street:			
City & Zip:			
Travel Dates:			
Reason:			
<u>Please attach receipts</u> Allowance based on Lions Clubs International "General Reimbursement Policy"			
ltem	# of Nights/ # Meals / # Round Trip Miles	Maximum Reimbursement	Sub-Total
Lodging		\$75/night	
Meals		\$25/meal	
Mileage		\$.50/mile	
Miscellaneous			
		TOTAL	
Signature:	Date:		
Office Use Only Below			
Approved by Treasurer:			
Date Paid	_ Check # Amoun	t Paid Acc	ount #