LIONS OF MICHIGAN FOUNDATION
PROJECT KIDSIGHT
Expense Reimbursement Form

Name: _____ District _____

Street Address: _____City: _____ Zip Code: _____

Telephone: _____ Email: _____

Date	SUPPLIES-EQUIPMENT		POSTAGE	TRAVEL				Total
	Item	Amount	Amount	Total Miles	General Travel	Towing Trailer	Amount	
					0.41	0.53		
					0.41	0.53		
					0.41	0.53		
					0.41	0.53		
					0.41	0.53		
					0.41	0.53		
					0.41	0.53		
					0.41	0.53		
					0.41	0.53		
					0.41	0.53		
					0.41	0.53		
					0.41	0.53		
					0.41	0.53		
					0.41	0.53		
					0.41	0.53		
					0.41	0.53		
					0.41	0.53		
					0.41	0.53		
					0.41	0.53		
TOTALS	- - - -				- - - -	- - - -		

I represent to the best of my knowledge and belief that all expenses listed on this claim form were actually incurred. I understand that by virtue of signing this form, this expense claim form becomes a part of the association's official records, and it may be subject to review.

_____ _____

Signature - KIDsight Coordinator **Date**

Please consider $_____ of the total reimbursement amount as a donation to the Lions of Michigan Foundation Project KIDsight Fund.