

Lions Clubs International
 Single District 10 – Upper Peninsula
 Travel & Other Expenses Claim

Name: _____
 Address: _____
 City & Zip: _____

Committee: _____
 Purpose: _____

Travel Expense

Destination	Date	Miles

Total Miles _____ @ 0.30 = Amount \$ _____

Other Expenses

Description	Date	Amount

Amount \$ _____

Total Expense \$ _____

Traveler's Signature _____ Date _____

Approved By District Governor _____ Date _____

Cabinet Secretary – Treasurer _____ Date Paid _____ Check Number _____