DISTRICT GOVERNOR TRAVEL EXPENSE CLAIM

Expense claims must be submitted by the 20th of the following month.

PURPOSE OF VISIT (Please indicate in "CODE" column)

C = Club Visits (including priority clubs)
O = New Club Organization
D = District Meeting or Convention (including Club Officer Orientation (held 60 days prior to or after the Int'l Convention)
M = Multiple District Meeting or Convention
IP or VP = Int'l President or VP visit to district or club meeting

Name: _____ _____
First Last (as it should appear on check)

Title: _____ District: _____ Month: _____

			Local Currency - Receipts required							
DATE of VISIT	CLUB NAME/MEETING	CODE	MEALS	HOTEL	AIRFARE	OTHER TRAVEL	SUB-TOTAL LOCAL CURRENCY	MILES DRIVEN	KILOMETERS DRIVEN	US$ TOTAL
	TOTALS									
										-
									Exchange Rate	
									GRAND TOTAL	

No Payment Will Be Made Beyond 60 Days Past Due

Email to: dgexpenses@lionsclubs.org

_____ _____
District Governor Signature Representative Signature