



Lions Clubs International – Single District 10

EXPENSE REIMBURSEMENT FORM

Name: _____

Committee: _____

Address: _____

Purpose: _____

City/Zip: _____

MILEAGE EXPENSES:

Destination

Date

Miles

TOTAL MILES _____ x \$0.50 = \$ _____

OTHER EXPENSES:

Description

Date

\$ Amount

TOTAL OTHER EXPENSES \$ _____

TOTAL REIMBURSEMENT REQUEST \$ _____

Signature: _____ Date: _____

District Governor: _____ Date: _____

District Treasurer: _____ Date: _____ Check #: _____