



# LIONS CLUBS INTERNATIONAL TRAVEL EXPENSE CLAIM

**PURPOSE OF VISIT**  
(Please check "CODE" Column)

A = Annual  
C = Charter Night  
O = New Club Organization  
S = Special (Explain)

Name \_\_\_\_\_  
First Last

Title: \_\_\_\_\_ District: \_\_\_\_\_ Month Of \_\_\_\_\_

Day	Club Visited	C O D E	RECEIPTS MUST BE ATTACHED				Transportation (Cancelled Tickets & Proof of Payment Must be Attached)	Local Trans	AUTOMOBILE			Total
			Breakfast	Lunch	Dinner	Hotel			Miles	Kms.	Total For Currency Conversion	
1												
2												
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31												
<b>TOTALS</b>												

**VISITATION REPORTS MUST BE ATTACHED**

I represent to the best of my knowledge and belief that all expenses listed were actually incurred and are in conformity with the association's Rules of Audit. I understand that by virtue of signing this expense claim, it becomes a part of the association's official records and may be subject to review by parties normally allowed to make such inspections.

Signature \_\_\_\_\_

Title: \_\_\_\_\_

Approved By \_\_\_\_\_ (District Governor)

District Governor's approval is required on expense claims of representative