

## CLUB SUPPORT TEAM EXPENSE CLAIM (District Account)

Name \_\_\_\_\_ District \_\_\_\_\_ Date Mailed \_\_\_\_\_

MD19 Team: Leadership Extension Membership (3) Public Relations Retention Faculty Develop.  
Special Events Coordinator Training Chairperson

District Team District Governor Vice District Governors Leadership Extension Membership  
Public Relations Retention **Zone Chairperson**

**Please Note:**

1. All expense claims must be in line with the Rules of Audit found in the MD19 Policy Manual and on MD19 Website.
3. Please keep a copy of this form and receipts for your records.

**MILEAGE, HOTEL, FARES (Receipts must be enclosed for fares & hotels.)**

Type of Meeting	Date	Place	Round Trip Miles	Miles x \$.60 Note (1)	Fares \$ Note (2)	Hotel \$ Note (3)	US	CDN
Progress & Planning Meeting								
District Retreat / Planning Session								
Other								
<b>TOTAL</b>								
							<b>US</b>	<b>CDN</b>

*Notes:*

1. Calculate the dollar amount at the current rate of \$.25 per mile. Write the amount in the "Miles x \$.25" column. Mileage is paid in US Funds.
2. Payment of fares to qualified Canadian Lions will be in the actual currency paid by claimant. Payment to qualified US Lions will be in the equivalent of US funds.
3. Hotel allowance is paid in US funds, no matter where hotel is located.

For MD19 District Support Team Expense Claims, please sign: \_\_\_\_\_

For District Club Support Claims: Check box if reimbursement of Club Support Claims have been approved by the District Cabinet.

Following signature required for District Club Support Claims: \_\_\_\_\_  
Signature of District Governor

Once approved, please send this signed Expense Claim with receipts to the MD19 Office for payment.

Mail: 4141 W Maplewood Ave., Bellingham, WA 98226 or Email: md19lions@lionsmd19.com

For MD19 Office Use		
	US	CDN
Paid	\$	
Check #		