REIMBURSEMENT CLAIM FORM

OHIO LIONS DISTRICT 13 OH6

CODE: **A Club Visit** **Name _____**

B Zone Meeting **Title _____**

C Cabinet Meeting **Date Submitted _____**

D New Club Organization

E Special (describe)

TO CALCULATE MILEAGE EXPENSE, LIST TOTAL ROUND TRIP MILES IN MILES COLUMN. THEN MULTIPLY BY $.41 AND ENTER RESULT IN EXPENSE COLUMN

DATE	CLUB VISITED/ITEM CLAIMED	CODE	MILES	EXPENSE	COMMENTS
	TOTAL				

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

Receipts must be attached for expenses other than miles

Signature_____

Title_____

Approved by_____ **_____**

04/12 District Governor Date Signed/Approved