**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**

**TO CALCULATE MILEAGE EXPENSE, LIST TOTAL ROUND TRIP MILES IN MILES COLUMN. THEN MULTIPLY BY $.25 AND ENTER RESULT IN EXPENSE COLUMN**

**E Special (describe)**

**DATE CLUB VISITED/ITEM CLAIMED CODE MILES EXPENSE COMMENTS**

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|  | **TOTAL** |  |  |  |  |

Receipts must be attached for expenses other than miles

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

**Approved by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

06/18 District Governor Date Signed/Approved