REIMBURSEMENT CLAIM FORM

OHIO LIONS DISTRICT 13 OH6

CODE:	A Club Visit	Name	Name Title			
	 B Zone Meeting C Cabinet Meeting D New Club Organization E Special (describe) 	Title				
		Date Submitted				
			TO CALCULATE MILEAGE EXPENSE, LIST TOTAL ROUND TRIP MILES IN MILES COLUMN. THEN MULTIPLY BY \$.25 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_____