

LIONS CLUBS INTERNATIONAL Multiple District "A", 7606 Aged Road, Bowmanville ON L1C 3K6
 treasurer@mdalions.org Phone 905-263-4376 Fax 905-263-2869
EXPENSE CLAIM

Name: District A: Month:

Address: Region: Year:

Lions Club of: Postal Code: Zone:

*** RECEIPTS REQUIRED ***											
Date	OFFICERS SPECIFY:(1) Official Visit, (2)Cabinet Meeting, (3)Zone Advisory, (4)Region or Zone Rally, (5)Extension Visit, (7)Name of Club & Town visited. COMMITTEES SPECIFY: (a) Committee Name	Breakfast max. \$5	Lunch max. \$7	Dinner max. \$12	Long Dist.Calls	Stat. & Postage	Hotel max. \$75/day	Transport (Air-economy, R.R., Bus)	Kms travelled	Amount @ \$0.26	Total
A-5 differential enter total kms here =>											
										Total	

Signature: (Add your Title)

Approved by: (District Governor / MDA Committee Chair)

Date:

Date:

DEADLINE to submit claim to MDA Office:
 LAST DAY OF THE FOLLOWING MONTH.

Officers and committee members to send two (2) copies of this form to Dist Gov or Committee Chair with receipts.
District Governor / MDA Committee Chair to forward one (1) approved copy to District "A" Office with supporting vouchers
Expense Claims not requiring receipts such as kilometre or meal claims may be submitted by E-Mail
by the District Governor or MDA Committee Chair. District officers and MDA committee members may send by email .
to their Governors/Committee chairs for approval

For Office use only
Account No.
Verified by
Cheque No.
Date issued
Minutes Rec'd